

AFFIDAVIT OF CUSTODIAN OF MEDICAL RECORDS

STATE OF MISSISSIPPI

COUNTY OF HINDS

In response to the attached request, please find copies of the medical records on:

Michael Prince, Jr. # 1220154

I, Leigh Williams am the duly authorized custodian of the medical records of the University of Mississippi Health Care, and as such have the authority to certify the attached medical records. The records attached hereto, constitute a true and correct copy of the medical records at the University of Mississippi Health Care. The attached records were prepared by the personnel of the University of Mississippi Health Care, staff physicians, or person acting under the control of either, in the ordinary course of hospital business at or near the time of the hospitalization reported therein.

And further affiant saith not.

Leigh Williams
Medical Records Custodian

SWORN TO, AND SUBSCRIBED before me this the 26 day of
June, 2013.

Shondal Hanner
NOTARY PUBLIC





Derek L. Hall

pllo
ATTORNEYS AT LAW

May 21, 2013

VIA CERTIFIED MAIL

The University of Mississippi Medical Center
ATTN: Health Information Services
2500 North State Street
Jackson, Mississippi 39216

Re: Michael Prince, Jr.
DOB: 05/12/1990

Dear Sir or Madam:

Please be advised that this office represents, Michael Prince, Jr., for personal injuries he sustained on March 17, 2012. Michael Prince, Jr., was treated by one or more of your facilities for those injuries. I am requesting a copy of any and all records in your possession, including but not limited to any X-Rays or MRI's for Michael Prince, Jr., from March 17, 2012 to present along with an Affidavit of Custodian. I have enclosed an Authorization for Release of Medical Information. Please include an itemized bill for any and all services from March 17, 2012 to present.

If you require prepayment for these records, please notify me at the address listed below and I will gladly forward the same. Please expedite this request, if there is a fee for expedited service please advise me.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Derek L. Hall, pllo

Cebrina Lloyd
Legal Assistant

Cc: File
Enc.

Phone | 601.981.4450 Fax | 601.981.4717 Email | derek@dlhallattorneys.com

1911 Dunbarton Drive, Jackson, MS 39216 • dlhallattorneys.com

81782274

29484

1220154

pt.

6-24-13
6/19/13

MEDICAL RECORD AUTHORIZATION

Patient Name: Michael Prince, Jr.
Date of Birth: 5/12/90
Social Security Number: XXX-XX-6731

1. I authorize (name of health care provider) University of MS Medical Center to disclose my health information specific to the following date or time period: through the present date.

2. Individual or entity authorized to receive my health information:

Derek L. Hall
DEREK L. HALL, PLLC
1764 Lelia Drive
Jackson, Mississippi 39216
Tel. (601)981-4450
Fax. (601)981-4717

3. Purpose for which disclosure is to be made: Litigation

4. Information to be disclosed: (check all that apply)*

☒ Please send the entire medical record (all information) to the above named recipient.

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> History & Physical Exam	<input type="checkbox"/> Operative Report
<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> Laboratory Report	<input type="checkbox"/> Radiology Report
<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Consultation(s)	<input type="checkbox"/> EKG
<input type="checkbox"/> Transcribed Hospital Reports	<input type="checkbox"/> Clinician Office Chart Notes	<input type="checkbox"/> Billing Statements

☐ Other: _____

*I understand that this will include health information relating to (check only if applicable):

<input type="checkbox"/> HIV (human Immunodeficiency Virus) Infection	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Treatment for alcohol and/or drug abuse	<input type="checkbox"/> Genetic Testing

5. I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.

6. I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.

7. I understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.

8. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.

Michael Prince Jr.
Signature of Patient or Patient's Legal Representative Date

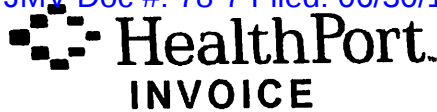
Michael Prince Jr.
Print Name of Patient or Legal Representative

5-21-13

Legal Representative's Relationship to Patient

HealthPort

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 (770) 754 - 6000



Invoice #: 0129396380

Date: 6/20/2013

Customer #: 1656908

Ship to:

DEREK L HALL
 DEREK L HALL ATTY AT LAW
 1764 LELIA DR
 JACKSON, MS 39216

Bill to:

DEREK L HALL
 DEREK L HALL ATTY AT LAW
 1764 LELIA DR
 JACKSON, MS 39216

Records from:

UNIVERSITY OF MS MEDICAL CENTE
 2500 NORTH STATE STREET
 JACKSON, MS 39216

Requested By: DEREK L HALL ATTY AT LAW

DOB:

051290

Patient Name: PRINCE MICHAEL

Description	Quantity	Unit Price	Amount
Basic Fee			20.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	20	0.00	0.00
Shipping			1.72
Subtotal			21.72
Sales Tax			0.00
Invoice Total			21.72
Balance Due			21.72

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days **Please remit this amount : \$ 21.72 (USD)**

HealthPort

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 (770) 754 - 6000

Invoice #: 0129396380

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.Email questions to Collections@healthport.com.

25 pgs 000421
*****AUTO**MIXED ADC 300
000000421 05 MB 1.540
ATTN: MEDICAL RECORD DEPARTMENT
UNIVERSITY OF MS MEDICAL CENTE
2500 N STATE ST
JACKSON MS 39216-4500



0025000421K0Y



ATTENTION
Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

ED Provider Notes

Michael Prince (MR# E1190134)

ED Provider Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Historical Provider, MD	Signed	Transcription Conversion Edi	5/31/2012 5:15 AM

ED Provider Notes

Vital Signs: BP: 137/86. T: 36.7 degrees C orally. P: 52. R: 16. SAO2:
100 % on room air.

Height: 5 ft. 6 in. (167.6 cm) Weight: 145 lbs (66. Kg). BMI:
23.

This patient left the emergency department prior to being seen. The first
time that the patient was noted to be absent was 22:10.

ED Provider Notes

Michael Prince (MR# E1190134)

ED Provider Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Historical Provider, MD	Signed	Transcription Conversion Edi	5/31/2012 5:15 AM

ED Provider Notes

Vital Signs: BP: 128/81. T: 36.8 degrees C orally. P: 61. R: 18. SAO2:

100 % on room air.

RESIDENT NOTE

05:17 PM 3/17/2012

Patient walked into the emergency department. Source of history: Patient.

CHIEF COMPLAINT: 21 year old male who presents with a complaint of mild swelling of the left eye.

HISTORY OF PRESENT ILLNESS:

Timing: The symptoms began last night. The patient states that he was in an altercation with a friend who called the police. Once the police arrived at the scene the patient fled. The police ran down the patient and according to the patient " the police hit him in the eye with a flashlight." At that time his vision was blurry in his left eye. He was taken to an OSH in Greenville where he had a CT of his head which showed. no acute fracture, but did have medial deviation of the left optic nerve within the orbit with no evidence of retro orbital hematoma. Patient states that the OSH told him that he needed to be transferred to UMC last night, but instead he was taken back to jail where he was later released this am. Patient presents to ER with his father. Currently he complains of left eye swelling and tenderness laterally around orbit. Denies any pain, pain with ocular movements or blurry vision. Last night patient states that his eye was completely swollen shut, but today is much better and not completely shut. Patient also complains of his bottom middle 2 teeth were chips in the altercation last night along with his left middle finger being injured and he is currently complaining of decreased ROM of that finger. No pain while at rest, but made a little worse with ROM.

PMH:

Medical History: Negative for diabetes. Negative for hypertension. He has a history of seizures in the past, but has not had a seizure or taken any seizure medications since he was in the 5th grade.

SOCIAL HISTORY:

He smokes 1 ppd. He drinks beers per day.

ROS:

Other than the complaints discussed above, the patient reports the following:

General: No chills. No fever. Denies sweats. Denies weakness.

Skin: No lesions. Denies rash.

HEENT: No blurred vision. No change in voice. No decreased visual acuity.

No head injury. Denies ocular pain. Denies sinus pain. Denies sore

throat. No headache. No epistaxis. No diplopia. Bottom teeth chipped.

Head: The patient has had a head injury. The head injury occurred abruptly last night. The injury involved the left orbital region.

Eyes: No blurred vision. No decreased visual acuity. Denies ocular pain.

No diplopia. He has complained of photophobia.

Mouth \T\ throat: No change in voice. Denies mouth ulcers. Denies sore throat.

Respiratory: No cough. Denies chest pain. Denies hemoptysis. Denies shortness of breath. Denies wheezing.

Cardiovascular: Denies nausea and vomiting. No edema. No chest pain.
Denies hypertension.
Gastrointestinal: No abdominal pain. No constipation. No diarrhea.
Denies nausea. Denies vomiting. Denies hematemesis.
Musculoskeletal: Complains of mild tenderness over left palmar aspect of middle finger with decreased ROM.
Neurologic: No memory loss. No numbness. No paraplegia. No paresthesias.
Denies weakness. Denies lightheadedness.

PE:

Constitutional: Well hydrated with good color.
Head: Mild swelling of left eye laterally over upper and lower eyelid which is tender to palpation.
Eyes: Anicteric sclera, pupils round and equal, extra-ocular muscles grossly intact. No decreased visual acuity. 20/20 vision in isolated right and left eye and when both eyes tested at the same time. No pain with ocular movements. There is some bright red hemorrhage over left eye conjunctivae laterally with some edema noted.
Mouth \T\ throat: Mucous membranes moist.
Cardiovascular: Regular rate and rhythm, normal S1, S2. No rubs, murmurs or gallops.
Chest/Respiratory: Lungs clear. Normal respiratory effort.
Abdomen/GI: Soft. No tenderness or masses. No hepatosplenomegaly.
Neurologic: Awake, alert, normal speech, cranial nerves grossly intact, moves all extremities without difficulty.
Musculoskeletal: Extremities with symmetrical motion and strength. No peripheral cyanosis.
Integumentary: Normal skin turgor, no lesions or rash.

TREATMENT \T\ COURSE:

CT from OSH was uploaded and did show fo acute fracture, medial deviation of the left optic nerve.

Spoke with on call radiology who thought that there was no injury to optic nerve seen on CT being that he has no decreased visual acuity.

Given 600mg Motrin PO

ASSESSMENT:

1. Eye redness 379.93
2. Eye trauma

DISPOSITION/PLAN:

Patient discharged in improved condition. Patient given a script for Motrin to use for pain. Patient told to return to ER if he develops ocular pain with eye movements, loss or blurry vision. Patient told to follow up with his primary doctor in 1-2 weeks time.

The resident portion of this patient's evaluation, treatment and documentation was performed by Dr. B. Hierlmeier.

The staff physician for this patient was Dr. Tollefson.

Electronically signed by:

ED Provider Notes

Michael Prince (MR# E1190134)

ED Provider Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Historical Provider, MD	Signed	Transcription Conversion Edi	5/31/2012 5:15 AM

ED Provider Notes

Vital Signs: BP: 128/81. T: 36.8 degrees C orally. P: 61. R: 18. SAO2: 100 % on room air.

ATTENDING PHYSICIAN NOTE

05:52 PM 3/17/2012

The resident history and physical exam and the patient treatment course were reviewed. I agree with the findings except where they differ from those that I have personally documented below. The resident who saw this case with me is Dr. B. Hierlmeier.

CHIEF COMPLAINT: 21 year old male who complains of pain to the right eye resulting from an altercation with the police. Last night he was hit around the left eye area with a flashlight. He was taken to Greenville Hospital where a CT scan showed no fractures but there was some swelling and mild displacement of the optic nerve. He was jailed overnight and released this morning. His father brought him here with a copy of the CT scan. He states that his vision is much better this morning and has no complaints.

PE:

Constitutional: Alert, well nourished, good color.

Head: Mild left periorbital swelling \t\t tenderness.

Eyes: PERRL. EOMI.

Left eye: Lateral subconjunctival hemorrhage.

TREATMENT \t\t COURSE:

Consult: Consulted with the Ophthalmology Service. CT reviewed by our radiology who saw no abnormality. No visual problems.

ASSESSMENT:

1. Contusion of the eye 921.9
2. Subconjunctival hemorrhage 372.72


DISPOSITION/PLAN:

Patient discharged in good condition. Seek medical care immediately if symptoms worsen.

The attending physician portion of this chart was documented by Dr. Robert Cox.

POOR
QUALITY
ORIGINAL
BEST
POSSIBLE
IMAGE

[illegible]

EMERGENCY DEPARTMENT PATIENT CARE FLOW SHEET				 University Hospital & Health System		PRINCE MICHAEL 03/22/12 13:46 Dr. UNASSIGNED, DOCT 15186270 EMR AER 1220154 05/12/1970 21 M 501																																					
MOOD OF ARRIVAL <input checked="" type="checkbox"/> Active <input type="checkbox"/> Anxious <input type="checkbox"/> Agitated <input type="checkbox"/> Depressed				TRANSFERRING FACILITY: <input checked="" type="checkbox"/> N/A																																							
MECHANISM OF INJURY MOTOR VEHICLE TRAUMA <input type="checkbox"/> N/A <input type="checkbox"/> MVC <input type="checkbox"/> Ped. vs car <input type="checkbox"/> Motorcycle collision <input type="checkbox"/> All terrain vehicle <input type="checkbox"/> Bicycle <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Ejected <input type="checkbox"/> Fatalities at Scene? <input type="checkbox"/> Speed of Crash: <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Type of Collision: <input type="checkbox"/> Head-on <input type="checkbox"/> Side impact <input type="checkbox"/> Rollover <input type="checkbox"/> Rear-ended <input type="checkbox"/> Rollover <input type="checkbox"/> Passenger compartment intrusion Safety Devices: <input type="checkbox"/> None <input type="checkbox"/> Airbag and belt <input type="checkbox"/> Airbag only <input type="checkbox"/> Helmet <input type="checkbox"/> Safety belt				FALL/ALICE TRAUMA <input type="checkbox"/> N/A Approximate height: _____ Landed on surface type: _____																																							
PENETRATING <input type="checkbox"/> N/A <input type="checkbox"/> GSW <input type="checkbox"/> STB <input type="checkbox"/> Impalement <input type="checkbox"/> Other: _____ Distance from assailant: _____ ft. No. of wounds: _____ Weapon(s) description: _____ <input type="checkbox"/> Police notified				ASSAULT <input type="checkbox"/> N/A Weapon used: _____ <input type="checkbox"/> Police notified																																							
THERMAL <input type="checkbox"/> N/A <input type="checkbox"/> Flame <input type="checkbox"/> Chemical <input type="checkbox"/> Electrical <input type="checkbox"/> Poisoned inhalation Description: _____ <input type="checkbox"/> Enclosed space <input type="checkbox"/> Length of exposure: _____				CRASH SCENE <input type="checkbox"/> N/A Reported time of incident: _____																																							
LOC: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes _____ Min. <input type="checkbox"/> Cervical collar <input type="checkbox"/> Backboard <input type="checkbox"/> Time Removed _____ Min. <input type="checkbox"/> Spinal				TRIAGE INTERVENTIONS <input type="checkbox"/> Explanation of delays <input type="checkbox"/> Spot prepped <input type="checkbox"/> pos. <input type="checkbox"/> neg. <input type="checkbox"/> ERG <input type="checkbox"/> Dressing/control of bleeding <input type="checkbox"/> A/C check <input type="checkbox"/> Ice pack <input type="checkbox"/> Next available monitored bed <input type="checkbox"/> Pt. placed in hallway bed, explanation given, verbal consent																																							
SCHMIDT FALL RISK ASSESSMENT TOOL Mobility <input type="checkbox"/> Ambulates without gait disturbance <input type="checkbox"/> Ambulates on transfers with assist device(s) or assistance from steady gait <input type="checkbox"/> Ambulates with steady gait and no assistance <input type="checkbox"/> Unable to ambulate in room Mentation <input type="checkbox"/> Alert, oriented x3 <input type="checkbox"/> Periodic confusion <input type="checkbox"/> Confusion at all times <input type="checkbox"/> Comatose/unresponsive Medication <input type="checkbox"/> No Anticoagulants, sedatives, psychotropics, hypnotics <input type="checkbox"/> No Anticoagulants, sedatives, psychotropics, hypnotics Elimination <input type="checkbox"/> Independent in elimination <input type="checkbox"/> Independent with frequency of diarrhea <input type="checkbox"/> Needs assistance with toileting <input type="checkbox"/> Incontinent Prior Fall History <input type="checkbox"/> No prior history <input type="checkbox"/> Unknown history <input type="checkbox"/> Yes, within the past 12 months <input type="checkbox"/> Yes, within the past 72 hours				SAD PERSONS SCALE (ADULT) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <table border="1"> <thead> <tr> <th>Item</th> <th>Score</th> <th>Points</th> </tr> </thead> <tbody> <tr> <td>Sex</td> <td>1 score = male</td> <td></td> </tr> <tr> <td>Age</td> <td>1 score = 65+ years</td> <td></td> </tr> <tr> <td>Disposition</td> <td>1 point = yes</td> <td></td> </tr> <tr> <td>Previous attempt</td> <td>1 point = yes</td> <td></td> </tr> <tr> <td>Ethnicity</td> <td>1 point = yes</td> <td></td> </tr> <tr> <td>Recent known medical event</td> <td>1 point = yes</td> <td></td> </tr> <tr> <td>Social support lacking</td> <td>1 point = yes</td> <td></td> </tr> <tr> <td>Organized plan</td> <td>1 point = yes</td> <td></td> </tr> <tr> <td>Medication taken to relieve the fall</td> <td>1 point = yes</td> <td></td> </tr> <tr> <td>Weakness</td> <td>1 point = chronic, debilitating illness</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>TOTAL</td> </tr> </tbody> </table> <p> <input type="checkbox"/> 1-2 points, no fall risk <input type="checkbox"/> 3-4 points, moderate fall risk <input type="checkbox"/> 5-6 points, high fall risk, evaluation recommended <input type="checkbox"/> 7-10 points, high fall risk, evaluation recommended </p>				Item	Score	Points	Sex	1 score = male		Age	1 score = 65+ years		Disposition	1 point = yes		Previous attempt	1 point = yes		Ethnicity	1 point = yes		Recent known medical event	1 point = yes		Social support lacking	1 point = yes		Organized plan	1 point = yes		Medication taken to relieve the fall	1 point = yes		Weakness	1 point = chronic, debilitating illness				TOTAL
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BARS SCORE <input type="checkbox"/> N/A 1 = Difficult or unable to arouse 2 = Asleep but responds normally to verbal or physical contact 3 = Drowsy, appears fatigued 4 = Quiet and awake normal level of activity 5 = Signs of over (physical or verbal) activity, calms down with instructions 6 = Extremity or continuously active, not requiring restraint 7 = Violent, requires restraint All patients with a psychiatric complaint will be assessed or triage and given an initial BARS score. Behavior noted in the previous 2 hours will be used in the triage score. If a patient receives a score of 5 or higher, the patient should be placed on one-to-one observation and a physician notified. After a medical screening exam by the physician it may be determined that a lower level of observation may be implemented.				Signature: _____ PMH (Medical) HTN Anemia Diabetes Carpal Tunnel CHF Stroke CDPD <input type="checkbox"/> GU Renal Seizures Cancer Sickle Cell Hepatitis ADV Mental Health Drugs/ETOH <input type="checkbox"/> No previous history <input type="checkbox"/> None available Other history: _____ Allergies: <u>None</u> Medications: <u>Ibuprofen</u> <input type="checkbox"/> See med. form UAP: _____ Last intakes: <input type="checkbox"/> >5 Years <input type="checkbox"/> <5 Years <input type="checkbox"/> Unknown																																							
Total Score (3 or greater = Fall Risk) <input checked="" type="checkbox"/>				Signature: _____																																							

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PRINCE, MICHAEL
03/22/12 13:46
18165270 EMR
05/12/1990
Dr. UNASSIGNED, DOCTO
1128164
AER
23 M S01

**Consent for Treatment, Authorization to Release Medical Information,
Assignment of Insurance Benefits for Hospitals and Physicians, and
Patient Self Determination Act Checklist**

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize University of Mississippi Health Care or my attending physician or any contractor on behalf of University of Mississippi Health Care to release or disclose information from my hospital medical record pertaining to this hospitalization, in accordance with the policies of this hospital, to insurance companies and/or hospital benefits programs as needed to process this claim.

AUTHORIZATION TO PAY INSURANCE BENEFITS: I hereby assign payment directly to University of Mississippi Health Care and/or to my physicians, benefits payable to me but not to exceed the hospital or physicians regular charges for this period of hospitalization. I understand that I am financially responsible for charges not covered by this authorization.

FINANCIAL AGREEMENT: For services rendered, I, the undersigned, agree to pay all professional and hospital charges not covered by insurance. I also agree to pay all attorney and/or collection fees necessary for the collection of payment.

MEDICAID PATIENT CERTIFICATION: I certify that I am a recipient of the Medicaid Title XIX program and request that payment of authorized benefits be made on my behalf. I authorize any holder of medical or other information about me to make available to the Division of Medicaid any requested information concerning medical, insurance and financial records related to my hospitalization. I assign the benefits payable for services rendered to the physicians or organization furnishing such services.

STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIAN, AND PATIENT: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for services rendered to the physicians or organization furnishing such services.

NOTICE TO BENEFICIARIES OF COINSURANCE LIABILITY: When services are provided in hospital departments, the beneficiary will receive a hospital bill and will receive bill(s) from any physician providing professional services. The beneficiary/guarantor will be responsible for coinsurance amounts relating to services billed by the hospital and for coinsurance amounts relating to services billed separately by the physician(s). When services are provided in private physician offices or other non-

PRINCE MICHAEL
03/22/12 13:48
18186270 EMR OF UNASSIGNED, DOCTO
06/12/1990 AER 1220154
21 M 501

hospital clinics, the beneficiary is responsible only for coinsurance amounts by the physicians.

CONSENT FOR TREATMENT: The undersigned authorizes physicians and University of Mississippi Health Care to furnish medical and surgical treatment deemed appropriate including intravenous solutions, blood transfusions, local, general, and regional anesthetics, antibiotics or other drugs deemed necessary. I am aware that adverse unforeseen reactions can occur and may even result in death. I authorize the hospital and my physicians to take photographs, videotapes or other images of me or parts of my body while under the care of the hospital for use in medical evaluation, performance improvement, or research.

I hereby authorize The University Hospitals and Health System and its medical staff: to preserve, use or disclose, or share for scientific or teaching purposes, including research; to use in grafts or transplants upon living person(s); or to otherwise dispose of dismembered tissue, blood, saliva, parts and the like.

RETIREMENT/DESTRUCTION OF X-RAYS: I hereby authorize University of Mississippi Health Care to follow the usual hospital practice of retiring x-ray films and any other graphic data which may be generated during patient's hospitalization four (4) years after they are generated if a report of the findings is retained for the same period as other hospital records. Further, I hereby release and hold harmless University of Mississippi Health Care, its officers, staff and employees, from any liability connected with this procedure.

VALUABLES: The undersigned hereby releases the hospital from any responsibility due to loss or damage of any valuables that the patient may keep in his/her possession or that may be brought to him/her by other persons.

PATIENT

Has the patient executed an Advance Directive? ☐ YES ☒ NO

SELF

Has the Advance Directive information been provided to the patient? ☐ YES ☒ NO

DETERMINATION

Is the Advance Directive in the patient's medical record? ☐ YES ☒ NO

ACT

Do you want to discuss Advance Health Care Directives with someone? ☐ YES ☒ NO

Michael Prince

Signature of Patient or Guardian / Date

Signature of Insured / Date



University of Mississippi
Health Care

Jackson, MS

Leaving Before Medical Evaluation-Treatment

Completed: • LWBS • Elopement • AMA • Refusal of Care



PRINCE, MICHAEL
03/22/12 13:46 Dr. UNASSIGNED, DOCTO
18180270 EMR AER 1220154
05/12/1090 21 M 501

Complete applicable section (1 or 2) only

1 Left Without Notification to Staff (LWBS¹ or Elopement²)

The patient has:

☒ LWBS

☐ Elopement

No answer when called:

1. Date:

Time:

Signature:

2. Date:

Time:

Signature:

3. Date:

Time:

Signature:

mm dd yy

military

Searched

☐ WR

☐ Overhead Paged

☐ Outside

☐ Other

☐ Additional actions taken: (as needed)

☐ Campus Police

☐ Physician Notified: (as needed)

X [Signature]
Physician or Nurse Signature

Date: 3/22/12
mm dd yy

Time: 2220
military

LWBS¹ Left Without Being Seen by a physician or a nurse practitioner

Elopement² Patient who leaves after a physician or nurse initiates Medical Screening Exam (MSE)

2 Leaving Against Medical Advice (AMA³) / Refusal of Care To be completed by a physician or nurse

☐ This patient is leaving AMA despite being encouraged to stay for further examination and treatment.

☐ I have explained the hospital's obligation to provide a medical screening examination, stabilizing treatment within the hospital's capability and capacity, and/or an appropriate transfer to another facility if necessary to stabilize an emergency medical condition.

Reason(s) for leaving:

The patient has been advised of the risks of leaving and benefits of remaining in the Emergency or Labor & Delivery Department for further examination and treatment. The risks and benefits include:

☐ Potential threat to life, limb, and/or safety, including death or permanent disability.

☐ Other (specific to presenting complaint)

☐ Physician Notified: (as needed)

☐ This patient is refusing treatment.

Type of Refusal (may mark more than one)

☐ Refused all care offered/recommended

☐ Refused part of the care offered/recommended

☐ Refused other

AMA³ The patient/guardian chooses to discontinue therapy against advice of medical professionals

Patient Acknowledgement

You have been advised to stay for further examination and treatment. Please follow up with your provider or return to an Emergency Department if your symptoms persist or worsen.

I understand the nature of the proposed care and I fully comprehend the potential consequences of leaving or refusing care. I am voluntarily leaving the hospital. I understand the hospital has an obligation to provide me with a medical screening examination, stabilizing treatment within the hospital's capability and capacity, and/or an appropriate transfer to another facility if necessary to stabilize an emergency medical condition. However, I refuse such services. I have been informed of the risks and consequences potentially involved in this refusal and/or the possible benefits of continuing medical treatment at this hospital. I further attest that I am competent and authorized to make said refusal.

I do forever release and give up any claim, demand or action against UMHC, its employees, any and all responding agencies, medical control authority, or medical facilities involved, and do hereby covenant and agree to hold such persons and entities harmless from any claim, demand, loss or action for any alleged act or omission in the care in compliance with this refusal. This release is binding on my heirs, executors and assigns. I hereby forever release the physicians, hospital, its employees, and agents from all responsibility for any ill effects that may result from my refusal of further medical examination and/or treatment.

Exam/Treatment refused: ☐ Admission ☐ ED work up ☐ Other

To be completed by physician or nurse

X [Signature]
Physician or Nurse Signature

Date: 3/22/12
mm dd yy

Time: 2220
military

X [Signature]
Patient/Guardian Signature or ☐ Refused to sign

Printed Name

Relationship if not patient

PATIENT NAME		PRINCE, MICHAEL		STREET ADDRESS		590 HAMEL STREET		CITY		GREENVILLE		STATE		MS		ZIP		38703	
ATTENDING PHYSICIAN NAME		DR. UNASSIGNED, DOCTOR		CODE NO		00000		ADMIT DATE		03/17/12		TIME		14:25		DISCHARGE DATE		/ /	
ADDITIONAL DIAGNOSIS		SWOLLEN EYE		SOCIAL SECURITY NO.		426-69-6731		BIRTHDATE		05/12/1990		AGE		21		SEX		M	
OCCUPATION		EMPLOYER		EMPLOYER ADDRESS (CITY, STATE)		MS		WORK PHONE		662-820-9784		FAX		662-820-9784		WORK PHONE		662-820-9784	
PATIENT CASE NUMBER		MR NO 1220154		PATIENT CASE NUMBER		18173124		DEPARTMENT OR CLINIC		AER		COUNTRY (CODE AND NAME)		76		STREET ADDRESS		590 HAMEL STREET	
PATIENT NAME		PRINCE, MICHAEL		STREET ADDRESS		590 HAMEL STREET		CITY		GREENVILLE		STATE		MS		ZIP		38703	
RELATIONSHIP TO PATIENT		GRANDPARENT		STREET ADDRESS		662-332-1296		EMPLOYER PHONE		662-332-1296		STATE		MS		ZIP		38703	
RELATIONSHIP TO PATIENT		MOTHER		STREET ADDRESS		590 HAMEL STREET		CITY		GREENVILLE		STATE		MS		ZIP		38703	
RELATIONSHIP TO PATIENT		PATIENT HAS AN ADV DIRECTIVE?		ADV DIRECTIVE WITH PATIENT?		ADV DIRECTIVE WITH PATIENT?		ADV DIRECTIVE WITH PATIENT?		ADV DIRECTIVE WITH PATIENT?		ADV DIRECTIVE WITH PATIENT?		ADV DIRECTIVE WITH PATIENT?		ADV DIRECTIVE WITH PATIENT?		ADV DIRECTIVE WITH PATIENT?	
RELATIONSHIP TO PATIENT		MOTHER		STREET ADDRESS		590 HAMEL STREET		CITY		GREENVILLE		STATE		MS		ZIP		38703	
RELATIONSHIP TO PATIENT		MOTHER		STREET ADDRESS		590 HAMEL STREET		CITY		GREENVILLE		STATE		MS		ZIP		38703	
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RELATIONSHIP TO PATIENT		MOTHER		STREET ADDRESS		590 HAMEL STREET		CITY		GREENVILLE		STATE		MS		ZIP		38703	
RELATIONSHIP TO PATIENT																			



PRINCE MICHAEL

03/17/12 14:25 Dr. UNASSIGNED, DOCTOR

18173124 EMR AER 1220154

05/12/1990 21 M MD1



University of Mississippi
Health Care

University Hospitals and Health System

Jackson, MS

Doctor's Order Form

[illegible]

PHYSICIAN ORDERS



EMERGENCY DEPARTMENT
PATIENT CARE FLOW SHEETUniversity Hospital
& Health SystemRoom: 10

Engr Time	Date	Age	Sex
1510	3/7/12	21	M

 PRINCE, MICHAEL
 03/17/12 14:25
 16173124 EMR
 1220154

 Dr. UNASSIGNED, DOCT
 1220154
 MAF

 MODE OF ARRIVAL
☐ Private Auto ☐ Ambulance ☐ Airborne ☐ Helicopter
☐ Run sheet ☐ Stretcher ☐ Wheelchair
 TRANSFERRING FACILITY: ☐ N/A

MECHANISM OF INJURY

MOTORVEHICLE TRAUMA ☐ N/A
☐ MVC ☐ Ped. v. car ☐ Motorcycle collision ☐ All terrain vehicle ☐ Bicycle
☐ Driver ☐ Passenger ☐ Front ☐ Rear ☐ Ejected
☐ Fatalities at scene? ☐ Speed of crash: ☐ High ☐ Low
 Type of Collision: ☐ Head-on ☐ Side impact (T-bone) ☐ Rear-ended
☐ Roll-over ☐ Passenger compartment intrusion
 Safety Devices: ☐ None ☐ Airbag and belt ☐ Airbag only
☐ Helmet ☐ Safety belt
FALL/JUMP TRAUMA ☐ N/A

Approximate height: _____ Landed on surface type: _____

PENETRATING ☐ N/A
☐ GS# ☐ S78W ☐ Impalement ☐ Other: _____
☐ Distance from assailant: _____ ft. No. of assailants: _____
 Weapon/assault: _____ ☐ Police notified
ASSAULT ☐ N/AWeapon used: _____ ☐ Police notifiedTHERMAL ☐ N/A
☐ Flame ☐ Chemical ☐ Electrical ☐ Potential radiation

Description: _____

☐ Enclosed space length of exposure: _____☐ Crush trauma: _____

Reported time of incident: _____

 LOC: ☐ No ☐ Yes _____ Min. ☐ Cervical collar _____
☐ Backboard _____ Tens. Removed _____ MID _____
 Time Removed _____ ☐ Spine _____

SCHMIDT FALL RISK ASSESSMENT TOOL

Mobility

1. Ambulates without gait disturbance
2. Ambulates or transfers with assist devices or assistance continuously
3. Ambulates with unsteady gait and no assistance
4. Unable to ambulate or transfer

Mentation

1. Alert, oriented x3
2. Mild confusion
3. Confusion or delirium
4. Comatose/unresponsive

Medication

1. Antiepileptics, sedatives, psychotropics, hypnotics
2. No antiepileptics, sedatives, psychotropics, hypnotics

Elimination

1. Independent in elimination
2. Independent with frequency of diarrhea
3. Needs assistance with toileting
4. Incontinent

Prior Fall History

1. No prior history
2. Yes, before this visit (in last six months)
3. Yes, before this visit (in last 22 hours)

Total Score (3 or greater = Fall Risk)

SAD PERSONS SCALE (ADULT) ☐ N/A

	POINTS
Sex	1 point - male
Age	1 point - advanced, 25-44, 55+
Depression	1 point - yes
Previous alcohol	1 point - yes
Excessive alcohol	1 point - yes
Recent loss or loss of consciousness	1 point - yes
Social support lacking	1 point - yes
Organized plan	1 point - yes
Abnormal vital signs on the scene, etc.	1 point - yes
Suicidal	1 point - chronic, recurrent, severe
TOTAL	

 0-2 Low risk
 3-4 Close outpatient follow up
 5-6 Psychiatric evaluation recommended
 7-10 Transfer to PICU for placement in safe environment
BARS SCORE ☐ N/A

- 1 = Difficult or unable to arouse
- 2 = Asleep but responds normally to verbal or physical contact
- 3 = Drowsy, appears sedated
- 4 = Quiet and awake (normal level of activity)
- 5 = Signs of overt (physical or verbal) activity, calms down with instructions
- 6 = Extremity or continuously active, not responding to instructions
- 7 = Violent, requires restraint

All patients with a psychiatric complaint will be assessed at triage and given an initial BARS score. Behavior noted in the previous 2 hours will be used in the initial score. If a patient receives a score of 3 or higher, the patient should be placed on one-to-one observation and a physician notified. After a medical screening exam by the physician it may be determined that a lower level of observation may be implemented.

Score: _____

PRINCE, MICHAEL

03/17/12 14:25

Dr. UNASSIGNED, DOCT

18173124 EMR

AER 1220154

03/12/1990

21

M

M01

Primary Assessment

Ch. 11 - *gashed laceration on the left forehead, deep, 2 inches long, with active bleeding. Patient is in pain with a pt. pupil. Also a hand laceration on the right wrist, deep, 1 inch long, with active bleeding.*

Room: E-11 Time: 1646 Signature: [Signature] Initials: JD

Airway		Respiratory		Cardiac/Circulation/Pulses	
<input type="checkbox"/> Patent	<input type="checkbox"/> N/A	<input type="checkbox"/> Slow	Breath sounds <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	Chest pain now: <input type="checkbox"/> Y <input type="checkbox"/> N	HR: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Rhythm: _____
<input type="checkbox"/> Obstructed	<input checked="" type="checkbox"/> Unlabored	<input type="checkbox"/> Shallow	Clear <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	Carotid Radial Femoral DP	R+ <input type="checkbox"/> - R+ <input type="checkbox"/> - R+ <input type="checkbox"/> - R+ <input type="checkbox"/> -
<input type="checkbox"/> Intubated	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Deep	Crackles <input type="checkbox"/> R <input type="checkbox"/> L	L+ <input type="checkbox"/> - L+ <input type="checkbox"/> - L+ <input type="checkbox"/> - L+ <input type="checkbox"/> -	<input type="checkbox"/> Capillary refill <3 sec.
<input type="checkbox"/> Nasal airway	<input type="checkbox"/> Retraction	<input type="checkbox"/> Stridor	Wheezes <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Capillary refill delayed	RUE LUE RLE LLE
<input type="checkbox"/> Oropharyngeal airway	<input type="checkbox"/> Assisted	<input type="checkbox"/> Spontaneous resp.	Diminished <input type="checkbox"/> R <input type="checkbox"/> L		
<input type="checkbox"/> Cricothyrotomy	<input type="checkbox"/> Rapid		Absent <input type="checkbox"/> R <input type="checkbox"/> L		
<input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Cough <input type="checkbox"/> Prod <input type="checkbox"/> None prod.				

Neuro	Behavior	Speech	Head	EYES	NOSE
Pupils <input type="checkbox"/> PERRL	<input checked="" type="checkbox"/> Calm/cooperative	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> No obvious deformities	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Drainage <input type="checkbox"/> Bleeding
Size: L <u> </u> R <u> </u>	<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Slurred	<input type="checkbox"/> Deformity:	<input type="checkbox"/> Pain <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> EARS <input type="checkbox"/> Hearing changes
Reaction: L <u> </u> R <u> </u>	<input type="checkbox"/> Awake, oriented x	<input type="checkbox"/> Aphasic	<input type="checkbox"/> Wounds	<input type="checkbox"/> Drainage <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Pain <input type="checkbox"/> R <input type="checkbox"/> L
GCS: _____	<input type="checkbox"/> Anxious			<input type="checkbox"/> Blurred/double vision	<input type="checkbox"/> Drainage <input type="checkbox"/> R <input type="checkbox"/> L
E <u> </u> V <u> </u> M <u> </u>	<input type="checkbox"/> Irritable/defensive			<input type="checkbox"/> Visual acuity	<input type="checkbox"/> TM intact <input type="checkbox"/> R <input type="checkbox"/> L
	<input type="checkbox"/> Lethargic			<input type="checkbox"/> OD <u> </u> OS <u> </u> OU <u> </u>	<input type="checkbox"/> THROAT
	<input type="checkbox"/> Combative			<input type="checkbox"/> Trauma	<input type="checkbox"/> Sore throat <input type="checkbox"/> Drooling
Mucous Membrane	<input type="checkbox"/> Drowsy				<input type="checkbox"/> Dysphagia <input type="checkbox"/> Erythema
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Moist	<input type="checkbox"/> Paralyzed/sedated				

Neck	Chest	Abdomen	BOWEL SOUNDS
<input type="checkbox"/> No obvious deformities	<input checked="" type="checkbox"/> No obvious deformities	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Present <input type="checkbox"/> Diminished
<input type="checkbox"/> Tender	<input type="checkbox"/> Crepitus <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Soft	<input type="checkbox"/> Absent
<input type="checkbox"/> Swelling	<input type="checkbox"/> Paradoxical movement <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Distended	Last BM _____
<input type="checkbox"/> Trachea deviated	<input type="checkbox"/> Abrasions <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Guarding	<input type="checkbox"/> Wounds _____
<input type="checkbox"/> Wounds	<input type="checkbox"/> Lacerations <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Rigidity	
<input type="checkbox"/> Jugular Vein Distention	<input type="checkbox"/> Ecchymosis <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> TENDERNESS	
	<input type="checkbox"/> Wounds	<input type="checkbox"/> None <input type="checkbox"/> Epigastric <input type="checkbox"/> Rebound	
		<input type="checkbox"/> RUQ <input type="checkbox"/> LUQ <input type="checkbox"/> RLQ <input type="checkbox"/> LLQ	

Extremities	Peris	GU	Skin
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Stable	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Warm
<input type="checkbox"/> Moves all well <input type="checkbox"/> strength	<input type="checkbox"/> Unstable	<input type="checkbox"/> Foley	<input type="checkbox"/> Dry
Deformity <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL	<input type="checkbox"/> Pain on compression	<input type="checkbox"/> Voiding difficulty	<input type="checkbox"/> Diaphoretic
<input type="checkbox"/> Motor sensory normal/abnormal	<input type="checkbox"/> Wounds	<input type="checkbox"/> Flank pain <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Cool
RUE LUE RLE LLE		<input type="checkbox"/> Dysuria	<input type="checkbox"/> Hot
<input type="checkbox"/> Laceration <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE	<input type="checkbox"/> Swelling	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Flushed
<input type="checkbox"/> Deformity <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE	<input type="checkbox"/> Side rolls up	<input type="checkbox"/> Frequency	<input type="checkbox"/> Pale
<input type="checkbox"/> Edema	<input type="checkbox"/> Feet light in reach	<input type="checkbox"/> Urgency	<input type="checkbox"/> Cyanotic
<input type="checkbox"/> Wounds	<input type="checkbox"/> Bed in four position	<input type="checkbox"/> Unable to void	<input type="checkbox"/> Rash

OB/GYN	Back	Pain	Neuro
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> No obvious deformities	<input type="checkbox"/> Denies <i>[Signature]</i>	<input type="checkbox"/> WOUND
<input type="checkbox"/> Vaginal bleeding	<input type="checkbox"/> Abrasion <input type="checkbox"/> R <input type="checkbox"/> L	Location <u> </u>	<input type="checkbox"/> Obese
<input type="checkbox"/> Pain	<input type="checkbox"/> Ecchymosis <input type="checkbox"/> R <input type="checkbox"/> L	Provoked by <u> </u>	<input type="checkbox"/> Cachectic
<input type="checkbox"/> Pad change day _____	<input type="checkbox"/> Laceration <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull	<input type="checkbox"/> Denies issue
<input type="checkbox"/> Vaginal discharge Color _____	<input type="checkbox"/> Log rolled	<input type="checkbox"/> Ache <input type="checkbox"/> Pressure	<input type="checkbox"/> Deferred
Gravida _____ Para _____ AB _____	<input type="checkbox"/> Pain _____	<input type="checkbox"/> Crampy <input type="checkbox"/> Constant	
EDC _____ FHT _____	<input type="checkbox"/> Wounds _____	<input type="checkbox"/> Intermittent	
	<input type="checkbox"/> Other _____		

Physical Defects		Psych Defects
<input checked="" type="checkbox"/> None	<input type="checkbox"/> SI	<input type="checkbox"/> SI
<input type="checkbox"/> Legally blind	<input type="checkbox"/> HI	<input type="checkbox"/> HI
<input type="checkbox"/> Hearing aid	<input type="checkbox"/> Auditory hallucinations	<input type="checkbox"/> Auditory hallucinations
<input type="checkbox"/> Deaf	<input type="checkbox"/> Visual hallucinations	<input type="checkbox"/> Visual hallucinations
<input type="checkbox"/> Amputation/paralysis	<input type="checkbox"/> Flight of ideas	<input type="checkbox"/> Flight of ideas
<input type="checkbox"/> AV shunt <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Depressed	<input type="checkbox"/> Depressed
<input type="checkbox"/> Mastectomy <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Agitated	<input type="checkbox"/> Agitated
<input type="checkbox"/> Walker <input type="checkbox"/> Care <input type="checkbox"/> Brace	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____		

[illegible]

IV THERAPY		IV INTAKE		
IV Site	Size	Time	Flushed	RN
1			<input type="checkbox"/> Flushed 2 cc NS	
2			<input type="checkbox"/> Flushed 2 cc NS	
3			<input type="checkbox"/> Flushed 2 cc NS	

Bag No.	Start Time	Type Fluid/ Amount	Rate	Site No.	Warm	Total	End Time
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
TOTAL ON DEPARTURE FROM ED							

[illegible][illegible]

VENTILATOR SETTINGS						
Time	Mode	Tidal Volume	Rate	Peep	PS	PiO2

Name		Initials		Monitor		Time	

TRIP REPORT			
Depart Time	Destination	Return	With RN

[illegible]

TIME	ENDOTRACHEAL TUBE	TIME	CATHETER PLACEMENT
Inserted by _____		Inserted by _____	
Size _____ Secured _____ Cuffed <input type="checkbox"/>		Size _____ Amt. _____	
Cuffed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> BS Checked		<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Gross blood	
<input type="checkbox"/> Pt/family education given		Color _____	
		<input type="checkbox"/> Pt/family education given	
		<input type="checkbox"/> Performed per policy	
TIME	ARTERIAL LINE	TIME	NG/OG
Inserted by _____		Inserted by _____	
Site _____ <input type="checkbox"/> Levelled <input type="checkbox"/> Zeroed		Site _____ <input type="checkbox"/> Placement checked	
<input type="checkbox"/> Pt/family education given		<input type="checkbox"/> Pt/family education given	
TIME	CENTRAL LINE	TIME	FAST EXAM
Inserted by _____		Inserted by _____	
Site _____ Location _____		Site _____ <input type="checkbox"/> Placement checked	
Cxll done post insertion <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pt/family education given	
<input type="checkbox"/> Pt/family education given			
<input type="checkbox"/> Pqty cleaned per policy			
TIME	CHEST TUBE #1	TIME	VENTRICULOSTOMY
Inserted by _____		Inserted by _____	
Site _____ Site _____		Site _____ <input type="checkbox"/> Levelled Initial pressure _____	
<input type="checkbox"/> Pt/family education given		<input type="checkbox"/> Pt/family education given	
TIME	CHEST TUBE #2	TIME	PELVIC ULTRASOUND
Inserted by _____		Inserted by _____	
Site _____ Site _____		Site _____ <input type="checkbox"/> Pelvic exam performed <input type="checkbox"/> Ultrasound performed	
<input type="checkbox"/> Pt/family education given		<input type="checkbox"/> Pt/family education given	

NURSING NOTES

Time 1

PRINCE, MICHAEL
 03/7/12 14:25 Dr. UNASSIGNED, DOCT.
 18173124 EMR AER 1220154
 05/12/1990 21 M M01

EKG

COMA SCALE

EYE OPEN		VERBAL	
Spontaneously	4	Oriented	5
To speech	3	Confused	4
To pain	2	Inappropriate	3
No response	1	Incomprehensible	2
		No response	1

MOTOR

Obeys commands	6
Localized pain	5
Withdraws	4
Flexion to pain	3
Extension to pain	2
No response	1

PUPIL SIZE (mm)



Pupil reaction to light: B - Blink S - Slow F - Fixed

INITIALS	SIGNATURE	DATE
BA	Michael Prince	3/13/12

LABS

CRITICAL LABS

TIME	VALUE	MD NOTIFIED

NONVERBAL PAIN SCALE

Categories	0	1	2
Face	No particular expression or smile	Occasional grimace, frowning, frowning, wrinkled forehead	Frequent grimace, tearing, frowning, wrinkled forehead
Activity (movement)	Lying quietly, normal position	Seeking attention through movement or slow, cautious movement	Restless, excessive activity and/or withdrawal reflexes
Guarding	Lying quietly, no positioning of hands over areas of body	Spitting areas of the body, tense	Angry, stiff
Paradoxical vital signs	Stable vital signs	Change in any of the following: • SBP > 20 mm Hg • HR > 20/minute	Change in any of the following: • SBP > 30 mm Hg • HR > 25/minute
Respiratory	Baseline RR & SpO ₂ compliant with ventilator	RR > 20 above baseline, or SpO ₂ mild asymmetry with ventilator	RR > 20 above baseline, or SpO ₂ severe asymmetry with ventilator

Abbreviations: HR, heart rate; RR, respiratory rate; SBP, systolic blood pressure; SpO₂, pulse oximetry. Instructions: Each of the 5 categories is scored from 0-2, which results in a total score between 0 and 10. Document total score by adding numbers from each of the 5 categories. Scores of 0-2 indicate no pain, 3-6 moderate pain, and 7-10 severe pain. Document assessment every 4 hours on nursing flow sheet and complete assessment before and after intervention to maximize patient comfort. Seizure, hypotension, hypoxia need to be excluded before interventions.

NOTIFICATIONS

☐ N/A ☐ Case # _____
 Social services ☐ Chaplain _____
☐ Family present ☐ Family notified _____
☐ Family en route ☐ Coroner ☐ MORA # _____
 Name of relative _____ Phone _____
 Police notified (time) _____ ☐ N/A

CLOTHING AND VALUABLES CHECK LIST

☐ Shirt ☐ Socks ☐ Belt ☐ Keys ☐ Beeper ☐ Envelope # _____
☐ Pants ☐ Underwear ☐ Shoes ☐ Skirt ☐ Glasses ☐ Other _____
☐ Dress ☐ Stockings ☐ Coat ☐ Contacts ☐ Dentures _____
☐ Cut off ☐ With patient *No valuable kept*
 Valuables given to _____ by _____
 Witness _____
 Re 0226 04/10

PRINCE, MICHAEL

03/17/12 14:26

18173124 EMR

05/17/14 09:21

Dr. UNASSIGNED, DOCT

AER

1220154

21 M M01

ACTIVATION

Trauma ☐ Alpha ☐ Bravo☐ Neuro—Code Gray☐ Cardio—Cath Lab

Time Paged _____

TEAM MEMBERS

TIME ARRIVED

NAME

Emergency medicine attending

Emergency medicine resident

Scribe

Charge nurse

Primary nurse

Trauma nurse #2

ER technician

Attending

Chief resident/fellow

Respiratory therapist

Radiology technician

Cath lab team

RIVER SEDATION-AGITATION SCALE (RSAS)

7	Dangerous Agitation	Yelling at endotracheal tube (ETT), trying to remove catheters, climbing over bedrails, striking or staff, thrashing side-to-side
6	Very Agitated	Does not calm despite frequent verbal comforting of limits, requires physical restraints, biting ETT
5	Agitated	Anxious or mildly agitated, attempting to sit up, calm down to verbal instructions
4	Calm and Cooperative	Calm, awakens easily, follows commands
3	Sedated	Difficult to arouse, answers to verbal stimuli or gentle shaking but drifts off again, follows simple commands
2	Very Sedated	Requires physical stimuli but does not communicate or follow commands, may move spontaneously
1	Unarousable	No verbal or no response to noxious stimuli, does not communicate or follow commands

RSAS score of 4 is ideal for most people.

ADMISSION

ADMIT ROOM

REPORT ☐ Called ☐ Faxed

TIME CALLED

TIME TO ROOM

DISCHARGE

☐ Discharge instructions given & reviewed with pt/significant other & verbalized understanding of discharge instructions

☐ Crutch walking with return demo
☐ Knee immobilizer
☐ Ace wrap
☐ IV discontinued with cath intact

REASSESSMENT

CONDITION

☒ ~~Admitted~~ mental status—Attending notified/OK'd for discharge

Dr. _____

☐ Awake & alert☐ Pain controlled☒ CNS intact☐ Changed☐ Not changed☐ See nurse's notesDr/C Time *11:50*

Mode

Nurse *Michael A. Prince*☐ Ambulatory ☐ w/c ☐ Stretcher ☐ Pt. has driver

RX sent # _____

Disposition: ☐ admi ☐ OR ☐ Home ☐ Transfer ☐ AMA ☐ Morgue

Revised 6/10



PRINCE, MICHAEL
 03/17/12 14:25 Dr. UNASSIGNED, DOCTOR
 18173:24 EMR AER 1220154
 05/12/1990 21 M M01

Emergency Services
INSTRUCTIONS TO PATIENT
 (Please Read Carefully)

Emergency Department examination and treatment are not meant to be a substitute for complete medical care.

In addition, x-rays do not always show disease or injury; it is possible, for example, for a fracture not to be evident on the first x-ray. We strongly advise that you contact your regular physician or dentist (or the clinic listed below) for a "follow-up" visit. It is especially important that you seek additional care, here or elsewhere, if symptoms persist or worsen.

DATE 3/17/12 TIME 1:45 AM/PM

You have received a copy of these instruction sheets.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Abdominal Problems | <input type="checkbox"/> Eye Problem | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fever | <input type="checkbox"/> Pelvic Pain | <input type="checkbox"/> Vomiting and Diarrhea |
| <input type="checkbox"/> Back Strain | <input type="checkbox"/> Genital Infection | <input type="checkbox"/> Sprain, Fracture, Bruise | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Tetanus/Diphtheria | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Cold | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Threatened Miscarriage | |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Neck Strain | <input type="checkbox"/> Throat Culture/Strep Throat | |

DISCHARGE DIAGNOSIS:

(L) eye injury

ADDITIONAL INSTRUCTIONS:

Take Motrin 600mg every 4-6 hrs
for pain. Bleeding on eye may take
a month to decrease. If develop eye
pain or eye vision worsens return to ER

- ☐ Follow up with your local doctor or select one from the list provided.
- ☐ Follow up with the _____ Clinic as scheduled.
- ☐ An appointment for _____ clinic has been requested. If you do not hear from them in 48 hours, call ER Scheduling at (501) 984-5580 for assistance.
 (M-F, 8:00 am to 5:00 pm)

MEDICATIONS

- ☐ Take them only as directed. Pain pills and sedatives may make you drowsy; do not use dangerous machines, drive a car or drink alcohol while using them.

Return to the Emergency

Department in _____ days.

Physician's Signature _____

In signing below, I show that I have received and understood these instructions. I understand that I have received emergency care for my problem only and that I may still need "follow-up" care.

Michael Prince
 Signature of patient or responsible party

- ☐ Self ☐ Parent ☐ Other

Michael Prince
 Signature of nurse or doctor (for signing patient)

CERTIFICATE OF RETURN TO WORK OR SCHOOL

PRINCE, MICHAEL was seen at

University Hospital on _____

and should be able to return to work or school on _____

Limitations/Remarks: _____ M.D.

Telephone _____

03/17/12 14:25 Date

UMC #1821C (6/2008)



79713254



Derek L. Hall

pllo
ATTORNEYS AT LAW

CERTIFY

April 12, 2013

VIA CERTIFIED MAIL

✓ Delta Regional Medical Center
ATTN: Records Department
1400 East Union Street
Greenville, Mississippi 38703

Re: **Michael Prince, Jr.**
DOB: **05/12/1990**

pt

Dear Sir or Madam:

Please be advised that this office represents, Michael Prince, Jr., for personal injuries he sustained on March 17, 2012. Michael Prince Jr., was treated by one or more of your facilities for those injuries. I am requesting a copy of any and all records in your possession, including but not limited to any X-Rays or MRI's for Michael Prince, Jr., from **March 17, 2012 to present along with an Affidavit of Custodian**. I have enclosed an Authorization for Release of Medical Information. Please include an itemized bill for any an all services from March 17, 2012 to present.

If you require prepayment for these records, please notify me at the address listed below and I will gladly forward the same. Please expedite this request, if the is a fee for expedition please advise me.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Derek L. Hall, pllo

Molly B. Poole
Associate Attorney

Cc: File
Enc.

phone | 601.981.4450 fax | 601.981.4717 email | mbrina@dlhattorneys.com

1911 Dunbarton Drive, Jackson, MS 39210 • dlhattorneys.com

Prince-Delta Regional 000002

MEDICAL RECORD AUTHORIZATION

Pt
Patient Name: Michael Prince, Jr.
Date of Birth: 5/12/90
Social Security Number: XXX-XX-6731

1. I authorize (name of health care provider) Delta Regional Medical Center to disclose my health information specific to the following date or time period: through the present date.

2. Individual or entity authorized to receive my health information:

Derek L. Hall
 DEREK L. HALL, PLLC
 1764 Lelia Drive
 Jackson, Mississippi 39216
 Tel. (601)981-4450
 Fax. (601)981-4717

Ship to

3. Purpose for which disclosure is to be made: Litigation

4. Information to be disclosed: (check all that apply)*

☒ Please send the entire medical record (all information) to the above named recipient.

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> History & Physical Exam	<input type="checkbox"/> Operative Report
<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> Laboratory Report	<input type="checkbox"/> Radiology Report
<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Consultation(s)	<input type="checkbox"/> EKG
<input type="checkbox"/> Transcribed Hospital Reports	<input type="checkbox"/> Clinician Office Chart Notes	<input type="checkbox"/> Billing Statements

☐ Other: _____

*I understand that this will include health information relating to (check only if applicable):

☐ HIV (human Immunodeficiency Virus) Infection
☐ Treatment for alcohol and/or drug abuse
☐ Mental Health
☐ Genetic Testing

5. I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.

6. I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.

7. I understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.

8. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.

Michael Prince Jr.

Signature of Patient or Patient's Legal Representative Date

Michael Prince Jr.

Print Name of Patient or Legal Representative

Legal Representative's Relationship to Patient

AFFIDAVIT BY CUSTODIAN OF MEDICAL RECORDS

STATE OF MISSISSIPPI

COUNTY OF WASHINGTON

The undersigned being duly sworn does state on oath as follows:

1. That he/she is the duly authorized custodian of the medical records of DELTA REGIONAL MEDICAL CENTER and has the authority to certify said records.
2. That the within and annexed are true and correct copies of medical records of Michael Prince JR., which appear to the undersigned to be described in the request for medical records.
3. The within and annexed records were prepared either by the personnel of DELTA REGIONAL MEDICAL CENTER or its staff physicians or by persons acting under the control of either of them, in the ordinary course of business at or near the time of the act, condition or event reported therein.

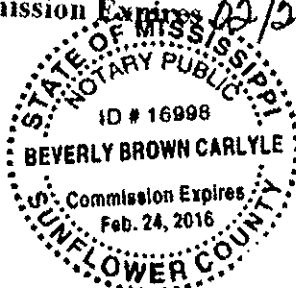
I certify these statements to be accurate and correct.

Iris Starber
MEDICAL RECORDS CUSTODIAN

4-17-13
DATE

Sworn and subscribed before me this 17th day of April, 2013.

My Commission Expires 02/24/16



Beverly Brown Carlyle
Notary Public



1400 East Union St.
PO Box 5247
Greenville, MS 38704-5247

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Coding Summary

03/17/2012 07:35

Transcribed

CODING DATE: 03/23/2012 FINAL
Delta Regional Medical Center

ADMIT DX:

784.1 THROAT PAIN

729.81 SWELLING OF LIMB

REASON FOR VISIT DX:

FINAL DX:

PRINCIPAL:

473.9 UNSPECIFIED SINUSITIS (CHRONIC)

SECONDARY:

959.8 OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES, INCLUDING
MULTIPLE

E917.9 OTHER ACCIDENT CAUSED BY STRIKING AGAINST OR BEING STRUCK
ACCIDENTALLY BY OBJECTS OR PERSONS WITH OR WITHOUT SUBSEQUENT FALL

E849.9 ACCIDENTS OCCURRING IN UNSPECIFIED PLACE

PYMT

PROC	APC	STAT	DESCRIPTION	DOCTOR NAME	DATE
------	-----	------	-------------	-------------	------

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 1 of 28

Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Coded By: Zuniga, Jennifer

Date Saved: 03/23/2012 08:35

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Beary MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Discharge Summaries

Document Type:

ED Patient Summary

Service Date/Time:

03/17/2012 07:35

Result Status:

Auth (Verified)

Performed Information:

Johnston, Adam (03/17/2012 07:35)

Signed Information:

Johnston, Adam (03/17/2012 07:35)

ED Patient Summary

Delta Regional Medical Center Patient Discharge Instructions

Name: PRINCE JR, MICHAEL

Current Date: 03/17/12 07:35:15

DOB: 5/12/1990 12:00 AM

MRN: M18-84-54

FIN: 000145678

Patient Address: 590 HAMEL ST GREENVILLE MS 387032831

Patient Phone: (662) 335-5755

Primary Care Provider:

Name:

Phone:

Discharge Diagnosis: Sinusitis 473.9

Delta Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

PRINCE JR, MICHAEL has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Discharge Summaries

Prescriptions

New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

carbamazepine (Tegretol) , 4 times a day, Refills: 0

phenobarbital , Refills: 0

phenobarbital , Refills: 0

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

I, PRINCE JR, MICHEAL, have received the attached patient education materials/instructions and have verbalized understanding:

Patient Signature

Date

Provider Signature

Date

Patient education materials, if any, will display below

Prescription leaflets, if any, will display below

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Discharge Summaries

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

ED Clinical Summary

03/17/2012 07:35

Auth (Verified)

Johnston, Adam (03/17/2012 07:35)

Johnston, Adam (03/17/2012 07:35)

ED Clinical Summary

Delta Regional Hospital Clinical ED Discharge Instructions

PERSON INFORMATION

Name: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN#:000145678

PHYSICIANS

Admitting Physician: Bearry, John Houston

Attending Physician: Bearry, John Houston

PCP:

Discharge Diagnosis: Sinusitis 473.9

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Medication Leaflets:

Follow up:

MEDICATION LIST

carbamazepine (Tegretol) . 4 times a day, Refills: 0

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Discharge Summaries

phenobarbital , Refills: 0

phenobarbital , Refills: 0

DISCHARGE INFORMATION

Discharge Disposition:

Discharge/Transfer to Other HC Fac

Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

ED Physician Record

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

Emergency Department Provider Documentation Addendum

Facility Name: DELTA REGIONAL MEDICAL CENTER
Patient Name: PRINCE JR, MICHAEL DOB: 5/12/1990
Date Of Service: 03/17/2012
Facility MRN: M188454
Facility Account Number: 000145678
Encounter #: 31759040

Non-Physician Provider Signature Missing

By signing, I verify that I treated this patient on the date of service noted above.

1

Additional documentation or clarifications

Electronically signed by
Thomas, Lesia NP (193766)
4/23/2012 9:37:26 PM

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Triage Note

03/17/2012 04:20

Auth (Verified)

Dubose, Myrna (03/17/2012 04:20)

Dubose, Myrna (03/17/2012 04:20)

ED Triage Adult Entered On: 03/17/12 4:26 CDT
Performed On: 03/17/12 4:20 CDT by Dubose, Myrna

Triage*Chief Complaint/*

Mechanism of Injury : hit in face with a flashlight , teeth chipped up and left eye swollen
 unable to straighten fingers out on left hand, coughing up blood

Reason Unable to Obtain Current Visit Information : None*Mode of Arrival :* Police*Pain Symptoms :* Yes, able to self report*Vital Signs :* Yes*ED Condensed**Treatment & Assessment :* Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Diagnoses(Active)

Eye pain

Date: 03/17/2012 ; *Diagnosis Type:* Reason For Visit ;
Confirmation: Probable ; *Clinical Dx:* Eye pain ; *Classification:*
 Medical ; *Clinical Service:* Non-Specified ; *Code:* SNOMED
 CT , *Probability:* 0 ; *Diagnosis Code:* 2579394014

ESI*Is This**Patient Dying? :* No*Is This a Patient Who Shouldn't Wait? :* No*How Many Resources Will This Patient Need? :* Many*Recommended ESI Level :* 3

Dubose, Myrna - 03/17/12 4:20 CDT

DCP GENERIC CODE*Tracking Acuity :* 3*Tracking Group :* DLTA ED

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies/Home Meds*ED Hx and Allergies :* Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified ; *Created By:* Dubose,
 Myrna ; *Reaction Status:* Active ; *Category:* Drug ; *Substance:*
 No Known Allergies ; *Type:* Allergy ; *Updated By:* Dubose,
 Myrna ; *Reviewed Date:* 03/17/12 4:24 CDT

 LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Medication List**Medical History, Problems, Diagnoses**Diagnoses(Active)

Eye pain

Date: 03/17/2012 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Eye pain ; Classification:

Medical ; Clinical Service: Non-Specified ; Code: SNOMED

CT ; Probability: 0 ; Diagnosis Code: 2579394014

Primary Pain ED

Primary Pain Location : Eye

Numeric Rating Scale : Yes

ED Patient No Pain : Yes

Numeric Rating : 6

Time Pattern : Acute

Quality : Sharp

Pain Radiates : No

Dubose, Myrna - 03/17/12 4:20 CDT

Vitals/Ht/Wt

Temperature Oral : 36.6DegC(Converted to: 97.9DegF)

Peripheral Pulse Rate : 68bpm

Respiratory Rate : 18br/min

Systolic/

Diastolic BP : 146mmHg (HI)

Systolic/

Diastolic BP : 72mmHg

Height/Length Estimated : 165.00cm(Converted to: 5ft 5in, 5.41ft, 64.96in)

Weight Estimated : 72.730kg(Converted to: 160lb 5oz, 160.342lb)

Dubose, Myrna - 03/17/12 4:20 CDT

Assess/Tx

Level of Consciousness : Not sedated

Orientation : Oriented x 4

OB Skin Color : Pink

Skin Description : Dry

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Skin Temperature: Warm

Pre-Arrival Treatments: None

Dubose, Myrna - 03/17/12 4:20 CDT

Procedure HistoryProcedure History

DOCUMENT NAME:

ED Note-Nursing

SERVICE DATE/TIME:

03/17/2012 04:39

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

Miles, April (03/17/2012 04:39)

SIGN INFORMATION:

Miles, April (03/17/2012 04:39)

ED Assessment Adult Entered On: 03/17/12 4:42 CDT**Performed On: 03/17/12 4:39 CDT by Miles, April****ID Screen**TB Symptoms Grid

Bloody Sputum: No

Fatigue: No

Fever: No

Loss of Appetite: No

Night Sweats: No

Persistent Cough Greater Than 3 Weeks: No

Weight Loss: No

Miles, April - 03/17/12 4:39 CDT

Syndrome Surveillance Symptoms Grid

Headache: Yes

Illness With Generalized Rash: No

Muscle Pain: Yes

New or Worsening Cough: No

Shortness of Breath: No

Recent Exposure to Communicable Disease: No

Miles, April - 03/17/12 4:39 CDT

Travel Within Last 14 Days: No

Miles, April - 03/17/12 4:39 CDT

Past Medical History, Problems, DiagnosesDiagnoses(Active)

Eye pain

Date: 03/17/2012 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Eye pain ; Classification:

Medical ; Clinical Service: Non-Specified ; Code: SNOMED

CT ; Probability: 0 ; Diagnosis Code: 2579394014

Procedure History

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Procedure History**Social History***Patient Smoking History* : Current everyday smoker*Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival?* : Yes

Miles, April - 03/17/12 4:39 CDT

Social HistoryAlcohol: High Risk
(Last Updated: 03/17/12 04:40:38 by Miles, April)Tobacco: High Risk
(Last Updated: 03/17/12 04:40:45 by Miles, April)Substance Abuse: Denies Substance Abuse
(Last Updated: 03/17/12 04:41:14 by Miles, April)**General***Immunizations Current* : Yes*Last Tetanus* : Greater than 5 years*Influenza Vaccine Status* : Refused*Pneumococcal Vaccine Status* : Refused*Infectious Diseases* : None*Languages* : English*Domestic Concerns* : None*Suicidal Ideation* : None*Pregnancy Status* : N/A

Miles, April - 03/17/12 4:39 CDT

DOCUMENT NAME:	ED Patient Education Note
SERVICE DATE/TIME:	03/17/2012 07:35
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Johnston, Adam (03/17/2012 07:35)
SIGN INFORMATION:	Johnston, Adam (03/17/2012 07:35)

ED Patient Education Note

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

*Orders**Patient Care***Order: Vision Testing**

Order Date/Time: 03/17/2012 05:00

Order Status: Discontinued

Department Status: Discontinued

Activity Type: POC Asmt/Tx/Monitoring

End-state Date/Time: 03/17/2012 07:35

End-state Reason:

Ordering Physician: Thomas, Lesia

Consulting Physician:

Entered By: SYSTEM on 03/17/2012 07:35

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Order Comment:

Action Type: Discontinue

Action Date/Time: 03/17/2012 07:35

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Review Information:

Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Review Information:

Nurse Review: Electronically Signed, Bennett, Stephanie on 03/17/2012 05:16

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 13 of 28

Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

*Orders**Radiology***Order: XR Hand Complete Left**

Order Date/Time: 03/17/2012 05:06

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 03/17/2012 09:44

End-state Reason:

Ordering Physician: Thomas, Lesia

Consulting Physician:

Entered By: Collier, Michael on 03/17/2012 09:44

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Order Comment:

Action Type: Complete

Action Date/Time: 03/17/2012 09:44

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:49

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:33

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

*Orders**Radiology*Order: **CT Maxillofacial w/o Contrast**

Order Date/Time: 03/17/2012 05:05

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 03/17/2012 09:56

End-state Reason:

Ordering Physician: Thomas, Lesia

Consulting Physician:

Entered By: Collier, Michael on 03/17/2012 09:56

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Order Comment:

Action Type: Complete

Action Date/Time: 03/17/2012 09:56

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:51

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:33

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Progress Notes

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

Progress Note - Nursing

03/17/2012 07:35

Auth (Verified)

Johnston, Adam (03/17/2012 10:45)

Johnston, Adam (03/17/2012 10:45)

Pt released in sherriff custody. S.O. officer to take patient to UMMC.

Released in hand/feet cuffs.

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Allergies

Substance	Allergy Type	Reaction Status	Reaction Symptom	Reviewed Date/Time
No Known Allergies	Allergy	Active		03/17/2012 05:00

*Social History***Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)****Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles, April)****Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)**

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Computed Tomography

Accession Number	Exam Date/Time	Procedure	Ordering Dr.
01-CT-12-03106	03/17/2012 05:51	CT Maxillofacial w/o Contrast	Thomas, Lesia

Reason For Exam

(CT Maxillofacial w/o Contrast) Trauma

Report

History: Assault

CT scan of the face done without intravenous contrast with no older studies for comparison with previous reading from night rays which I concur shows mild mucoperiosteal thickening in both ethmoid and the right maxillary sinus with intact craniocervical junction and mandible as well as TM joints. The nasal septum is deviated slightly to the left in the posterior portion with mild discontinuity here suggesting a small fracture. The nasal bone shows irregularities suggesting a nondisplaced fracture. The periorbital region appears intact with no blowout fractures with no maxillary fractures identified. There is soft tissue swelling in the left periorbital region with the left globe intact. This extends into the left knee nasal area. There is disconjugate gaze with the left eye looking laterally in comparison to the right eye which probably accounts for the medial deviation of the left optic nerve.

Impression: Mild nasal fracture with a mild septal fracture with sinus disease but no blowout fractures. Disconjugate gaze.

***** Final *****

Dictated by Collier, Michael

Dictated DT/TM: 03/17/2012 9:43 am

Signed by: Collier, Michael

Signed (Electronic Signature): 03/17/2012 9 55 am

General Diagnostic

Accession Number	Exam Date/Time	Procedure	Ordering Dr.
01-XR-12-08425	03/17/2012 05:48	XR Hand Complete Left	Thomas, Lesia

Reason For Exam

(XR Hand Complete Left) Injury, hand

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

General Diagnostic

Accession Number

01-XR-12-08425

Exam Date/Time

03/17/2012 05:48

Procedure

XR Hand Complete Left

Ordering Dr.

Thomas, Lesia

Report

History: Injury

Three views of the left hand shows intact distal radius and ulna as well as scapholunate distance and carpus with intact metacarpals. The digits show intact joint spaces.

Impression: No fractures seen.

***** Final *****

Dictated by: Collier, Michael

Dictated DT/TM: 03/17/2012 9:41 am

Signed by: Collier, Michael

Signed (Electronic Signature): 03/17/2012 9:42 am

 LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Consents

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

DELTA REGIONAL
MEDICAL CENTER
Greenville, Mississippi

PL	PRINCE JR, MICHAEL
DOB: 05/12/1990	21 Years
DOS: 03/17/2012 04:05	
ATT:	
FIN: 000145678	

Transfer Form

1. PATIENT CONDITION

A. ☐ There is no reasonable likelihood of deterioration from or during transport.

B. ☒ The patient may be at risk for deterioration from or during transport

C. ☐ Patient is pregnant with contractions

Based upon my examination of the patient and the information available to me at the time of transfer, I certify that the risks of transfer are outweighed by the benefits reasonable anticipated from proper care at the receiving facility.

2. RISKS OF TRANSFER

☒ All transfers have inherent risks of delays or accidents in transit, pain or discomfort upon movement, and limited medical capacity of transport units that may limit available care in the event of a crisis.

3. BENEFITS OF TRANSFER

4. REASON FOR TRANSFER

A. ☐ For equipment or services not available at this facility (list)

B. ☐ Patient-initiated request for transfer. Services are available here and offered to patient, who wishes of their own volition and request to be transferred.

Physician Certification/Signature _____ Date/Time _____

5. HOSPITAL ACCEPTANCE

A. Name of destination hospital: U.M.C.

B. Accepted by: [Signature] 0710
Name Time

C. INITIALS OF PERSON OBTAINING ACCEPTANCE

C. Accepting MD: [Signature] 0710
Name Time

D. Report Called to: [Signature] 0725
Name Time

E. INITIALS OF PERSON OBTAINING ACCEPTANCE

Discharge Vitals	Time:
B/P <u>157/70</u>	Pulse <u>72</u>
Resp <u>18</u>	Temp <u>36.6</u>

*WITHIN 15 MINUTES OF DISCHARGE

6. MODE OF TRANSPORT

☐ ALS Ambulance
☐ BLS Ambulance
☐ Helicopter
☐ Fixed Wing Aircraft
☐ Additional Personnel:
☐ RN ☐ Respiratory Therapist
☐ Other: _____

Medications/ Equipment sent with patient: _____

Medical Records sent with patient at the time of transfer (check all that apply)

☐ Copy of lab results ☒ Physician H&P
☐ Copy of EKG ☒ Progress Notes
☒ Copy of X-Ray films ☐ Med. Admin. Rec.
☐ Prenatal Record

Service Contacted: _____

By _____ Time _____ ETA _____

7. PATIENT CONSENT TO TRANSFER

I acknowledge that my medical condition has been evaluated and explained to me by the Emergency Department physician or other qualified medical person and/or my attending physician. The potential benefits of such transfer have been explained to me and I fully understand them.

☒ I hereby CONSENT to transfer.

☐ I hereby REFUSE transfer and I request instead to continue treatment at: _____

[Signature]
Patient signature or on behalf of patient Time _____

[Signature]
Witness Name Time _____

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Admission

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 22 of 28

Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

Delta Regional Medical Center

1400 E Union St
GREENVILLE, MS 387045247

(662) 378-3783

Patient Information

Patient Name: PRINCE JR, MICHAEL
Home Address: 590 HAMEL ST
GREENVILLE, MS 38703283
Home Phone: (662) 335-5755
Employer Name: Not Employed
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 21 Years
Religion: Baptist
SSN: 426696731

Guarantor Information

Guarantor Name: PRINCE JR, MICHAEL
Patient's Reltn: SELF
Billing Address: 590 HAMEL ST
GREENVILLE, MS 387032831
Billing Phone: (662) 335-5755
Employer Name:
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 21 Years
Religion: Baptist
SSN: 426696731

Contact Information

Emergency Contact
Contact Name: PRINCE, DORA
Patient's Reltn: Other Relationship
Sex:
Home Phone: (662) 335-5755

Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: PRINCE JR, MICHAEL
Patient's Reltn: SELF
Sex: Male
DOB: 05/12/1990
Age: 21 Years
Employer Name: Not Employed
Employer Phone:
Financial Class: Commercial Insurance

Insurance Name: Miscellaneous Commercial Health Pla
Claim Address: 216 MAIN ST
Greenville, MS 38701
Insurance Phone: (662) 378-1515
Policy Number: 426696731
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age: 0 Days
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 03/17/2012 04:05
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm:
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Medical problem

Patient Type: Emergency
Medical Service: Emergency Room
Location: D1SE
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-HealthCare Poi
Advance Directive: No, info not provi
Reg Clerk: Jackson, Stacy
Admit Physician: Beary, John Hous
Attend Physician: Beary, John Hous
PCP:

PRINCE JR, MICHAEL
MRN: M18-84-54



Male / 21 Years
FIN: 000145678



Printed By: Jackson, Stacy on 03/17/2012 05:14 to printer dpemrg01
Registration last updated by: Jackson, Stacy on 03/17/2012 05:14

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Miscellaneous

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

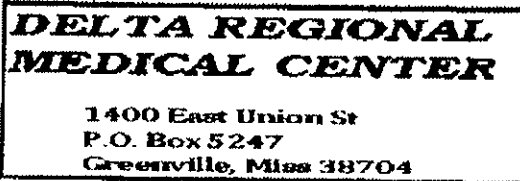
Page 1 of 1

From: Radiology To: 18623542423 Page: 1/1 Date: 03/17/2012 5:17:41 AM



RADIOLOGY REPORT

866.915.6900
www.rays.net



Patient
PRINCE MICHAEL JR

MRN
188454

DOB
5/12/1990

Hospital Code
1132

Accession No.
01-CT-12-03106

Ref Physician
THOMAS LESIA

Study: CT FACE -

Study Date: 03/17/2012 05:39

Tech Notes: ASSAULT/FACIAL WO - THOMAS LESIA -
Tech Findings:

*** PRELIMINARY REPORT ***

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

CT the facial bones without contrast, no comparison

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular alignment maintained

Unerupted teeth seen within the anterior aspect of the maxilla

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma

IMPRESSION

1. No acute fracture.

2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma

This is of uncertain clinical significance. Correlate with visual acuity and physical examination

3. Left premaxillary/preorbital soft tissue swelling

T. Brewer

Ted Brewer, M.D.
03/17/2012 6:32 AM Central
Turnaround: 32m

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Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145676

* Auth (Verified) *

Page 1 of 1



RADIOLOGY REPORT

866.915.6900
www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St
P.O. Box 5247
Greenville, Miss 38704

Patient
PRINCE MICHAEL JR

MRN
188454

DOB
5/12/1990

Hospital Code
1132

Accession No.
01-CT-12-03106

Ref Physician **THOMAS LESIA**

Study: **CT FACE -**

Study Date: **03/17/2012 05:39**

Tech Notes:
ASSAULT/FACIAL WO - THOMAS LESIA ~
Tech Findings:

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

CT the facial bones without contrast, no comparison.

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling.

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular alignment maintained.

Unrupted teeth seen within the anterior aspect of the maxilla.

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma.

IMPRESSION:

1. No acute fracture.
2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma. This is of uncertain clinical significance. Correlate with visual acuity and physical examination.
3. Left premaxillary/preorbital soft tissue swelling.

Ted Brewer, M.D.
03/17/2012 8:32 AM Central
Turnaround: 32m

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<https://n.nightrays.com/Medical/StudyReportBatch.aspx?StudyId=1415744>

3/17/2012

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Measurements

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure		Units	Reference Range
Height/Length Estimated	165.00	cm	
Weight Estimated	72.730	kg	

Vital Signs

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure		Units	Reference Range
Temperature Oral	36.6	DegC	[35.8-37.3]
Peripheral Pulse Rate	68	bpm	[60-100]
Respiratory Rate	18	br/min	[14-20]
Systolic Blood Pressure	146"	mmHg	[90-140]
Diastolic Blood Pressure	72	mmHg	[60-90]

*Pain**Pain Assessment*

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure		Units	Reference Range
Pain Symptoms Self Report	Yes, able to self report		
Primary Pain Location	Eye		
Numeric Pain Scale	6		
Primary Pain Time Pattern	Acute		
Primary Pain Quality	Sharp		
Primary Pain Radiation	No		

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

*Integumentary**Integumentary Assessment*

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure Units Reference Range

Skin Temperature Warm

Skin Description Dry

*Neurological**Neurological Assessment*

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure Units Reference Range

Level of Consciousness Not sedated

*Psychosocial**Suicide Risk Assessment*

Recorded Date 03/17/2012

Recorded Time 04:39

Recorded By Miles, April

Procedure Units Reference Range

Suicidal Ideation None

Psychological Functions

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure Units Reference Range

Orientation Assessment Oriented x 4

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Prince-Delta Regional 000032



1400 East Union St.
PO Box 5247
Greenville, MS 38704-5247

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Coding Summary

03/26/2013 00.05

Transcribed

CODING DATE: 03/29/2013 FINAL
Delta Regional Medical Center

ADMIT DX:

784.0 HEADACHE

REASON FOR VISIT DX:

784.0 HEADACHE

FINAL DX:

PRINCIPAL:

784.0 HEADACHE

SECONDARY:

V64.2 SURGICAL OR OTHER PROCEDURE NOT CARRIED OUT BECAUSE OF PATIENT'S
DECISION

PYMT

PROC	APC	STAT	DESCRIPTION	DOCTOR NAME	DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By: James, Gladys

Date Saved: 3/29/2013 7:02 AM

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, # -Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 1 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Discharge Summaries

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

ED Patient Summary

03/26/2013 00:05

Auth (Verified)

Jones RN,Martha (03/26/2013 00:05)

Jones RN,Martha (03/26/2013 00:05)

ED Patient Summary

Delta Regional Medical Center Patient Discharge Instructions

Name: PRINCE JR, MICHAEL

Current Date: 03/26/13 00:05:27

DOB: 5/12/1990 12:00 AM

MRN: M18-84-54

FIN: 000261336

Patient Address: 590 HAMEL ST GREENVILLE MS 387032831

Patient Phone: (662) 820-9784

Primary Care Provider:

Name:

Phone:

Discharge Diagnosis:

Delta Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

PRINCE JR, MICHAEL has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Discharge Summaries

Prescriptions

New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

carbamazepine (Tegretol) . 4 times a day, Refills: 0

phenobarbital , Refills: 0

phenobarbital , Refills: 0

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

I, PRINCE JR, MICHAEL, have received the attached patient education materials/instructions and have verbalized understanding:

Patient Signature

Date

Provider Signature

Date

Patient education materials, if any, will display below

Prescription leaflets, if any, will display below

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 3 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Discharge Summaries

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

ED Clinical Summary

03/26/2013 00:05

Auth (Verified)

Jones RN,Martha (03/26/2013 00:05)

Jones RN,Martha (03/26/2013 00:05)

ED Clinical Summary

Delta Regional Hospital Clinical ED Discharge Instructions

PERSON INFORMATION

Name: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN#:000261336

PHYSICIANS

Admitting Physician:

Attending Physician: ONeal MD, Ellis Hilton

PCP:

Discharge Diagnosis:

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Medication Leaflets:

Follow up:

MEDICATION LIST

carbamazepine (Tegretol) , 4 times a day, Refills: 0

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 4 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Discharge Summaries

phenobarbital , Refills: 0

phenobarbital , Refills: 0

DISCHARGE INFORMATION

Discharge Disposition:

Elopement

Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 5 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Triage Note

03/25/2013 23:24

Auth (Verified)

Jones RN,Martha (03/25/2013 23:24)

Jones RN,Martha (03/25/2013 23:24)

ED Triage Adult Entered On: 03/25/13 23:27 CDT
 Performed On: 03/25/13 23:24 CDT by Jones RN, Martha

Triage*Chief Complaint:**Mechanism of Injury:* pt states h/a for 2-3 days, not relieved with advil*Reason Unable to Obtain Current Visit Information:* None*Mode of Arrival:* Walking*Pain Symptoms:* Yes, able to self report*Vital Signs:* Yes*ED Condensed**Treatment & Assessment:* Yes

Jones RN, Martha - 03/25/13 23:24 CDT

Diagnoses(Active)

Headache

Date: 03/25/2013 ; *Diagnosis Type:* Reason For Visit ;*Confirmation:* Probable ; *Clinical Dx:* Headache ;*Classification:* Medical ; *Clinical Service:* Non-Specified ;*Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:*

06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

ESI*Is This**Patient Dying?* : No*Is This a Patient Who Shouldn't Wait?* : No*How Many Resources Will This Patient Need?* : Many*Recommended ESI Level:* 3

Jones RN, Martha - 03/25/13 23:24 CDT

DCP GENERIC CODE*Tracking Acuity:* 3*Tracking Group:* DLTA ED

Jones RN, Martha - 03/25/13 23:24 CDT

Allergies/Home Meds*ED Hx and Allergies:* Yes

Jones RN, Martha - 03/25/13 23:24 CDT

Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified ; *Created By:* Dubose*RN, Myrna; Reaction Status:* Active ; *Category:* Drug ;*Substance:* No Known Allergies ; *Type:* Allergy ; *Updated By:*Dubose RN, Myrna; *Reviewed Date:* 03/17/12 5:00 CDT

 LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 6 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Medication List

Medical History, Problems, Diagnoses

Diagnoses(Active)

Headache

Date: 03/25/2013 ; Diagnosis Type: Reason For Visit ;
Confirmation: Probable ; Clinical Dx: Headache ;
Classification: Medical ; Clinical Service: Non-Specified ;
Code: PNED ; Probability: 0 ; Diagnosis Code:
06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

Primary Pain ED

Primary Pain Location : Head

Numeric Rating Scale : Yes

ED Patient No Pain : No

Numeric Rating : 8

Time Pattern : Intermittent

Onset : Sudden

Pain Duration : 2-3

Quality : Aching

Pain Radiates : No

Aggravating Factors : None

Associated Symptoms : None

Jones RN, Martha - 03/25/13 23:24 CDT

Vitals/Ht/Wt

Temperature Source : Oral

Temperature : 36.6DegC

Apical Heart

Rate : 84bpm

Respiratory Rate : 18br/min

Systolic/

Diastolic BP : 134mmHg

Systolic/

Diastolic BP : 71mmHg

SpO2 : 100%

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 7 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Height/Length Estimated : 187.64cm(Converted to: 5ft 6in, 5 50ft, 66 00in)

Weight Estimated : 81.820kg(Converted to: 180lb 6oz, 180.382lb)

Jones RN, Martha - 03/25/13 23:24 CDT

Assess/Tx

Level of Consciousness : Calm and cooperative

Orientation : Oriented x 4

Affect/Behavior : Appropriate, Calm, Cooperative

OB Skin Color : Pink

Skin Description : Dry

Skin Temperature : Warm

Pre-Arrival Treatments : None

Jones RN, Martha - 03/25/13 23:24 CDT

Procedure HistoryProcedure History

DOCUMENT NAME:

ED Note-Nursing

SERVICE DATE/TIME:

03/25/2013 23:28

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

Jones RN,Martha (03/25/2013 23:28)

SIGN INFORMATION:

Jones RN,Martha (03/25/2013 23:28)

ED Assessment Adult Entered On: 03/25/13 23:28 CDT

Performed On: 03/25/13 23:28 CDT by Jones RN, Martha

ID ScreenTB Symptoms Grid

Bloody Sputum : No

Fatigue : No

Fever : No

Loss of Appetite : No

Night Sweats : No

Persistent Cough Greater Than 3 Weeks : No

Weight Loss : No

Jones RN, Martha - 03/25/13 23:28 CDT

Alcohol and Drug Use : No

Resident of Institutional Living Environment : No

Employee of Institutional Living Environment : No

Health Care Employee : No

History of Exposure to TB : No

History of Positive Chest X-Ray for TB : No

History of Positive TB Skin Test : No

Homeless : No

Known Immunosuppression : No

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 8 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Recent Immigrant : No

Jones RN, Martha - 03/25/13 23:28 CDT

Syndrome Surveillance Symptoms Grid

Headache : Yes

Illness With Generalized Rash : No

Muscle Pain : No

New or Worsening Cough : No

Shortness of Breath : No

Recent Exposure to Communicable Disease : No

Jones RN, Martha - 03/25/13 23:28 CDT

Glasgow Coma

Eye Opening : Spontaneously

Best Verbal Response : Oriented

Best Motor Response : Obeys simple commands

Glasgow Coma Score : 15

Jones RN, Martha - 03/25/13 23:28 CDT

Past Medical History, Problems, DiagnosesDiagnoses(Active)

Headache

Date: 03/25/2013 , Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Headache ;

Classification: Medical ; Clinical Service: Non-Specified ,

Code: PNED ; Probability: 0 ; Diagnosis Code:

06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

Procedure HistoryProcedure History**Social History**

Patient Smoking History : Current everyday smoker

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival? : Yes

Jones RN, Martha - 03/25/13 23.28 CDT

Social History

Alcohol:

High Risk

(Last Updated: 03/17/12 04:40:38 by Miles RN, April)

Tobacco:

High Risk

(Last Updated: 03/17/12 04:40:45 by Miles RN, April)

Substance Abuse:

Denies Substance Abuse

(Last Updated: 03/17/12 04:41:14 by Miles RN, April)

ED Trauma Registry

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 9 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Trauma Activation : No

Jones RN, Martha - 03/25/13 23:28 CDT

General

Immunizations Current : Yes

Influenza Vaccine Status : Refused

Pneumococcal Vaccine Status : Refused

Infectious Diseases : None

Languages : English

Domestic Concerns : None

Suicidal Ideation : None

Jones RN, Martha - 03/25/13 23:28 CDT

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

ED Patient Education Note

03/26/2013 00:05

Auth (Verified)

Jones RN,Martha (03/26/2013 00:05)

Jones RN,Martha (03/26/2013 00:05)

ED Patient Education Note

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 10 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Progress Notes

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

Progress Note - Nursing

03/26/2013 00:04

Auth (Verified)

Jones RN,Martha (03/26/2013 00:04)

Jones RN,Martha (03/26/2013 00:04)

left prior to being seen by md

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Allergies

Substance	Allergy Type	Reaction Status	Reaction Symptom	Reviewed Date/Time
No Known Allergies	Allergy	Active		03/17/2012 05:00

*Social History***Alcohol (High Risk** - Last Update: 03/17/2012 04:40 by Miles, April)**Substance Abuse (Denies Substance Abuse** - Last Update: 03/17/2012 04:41 by Miles, April)**Tobacco (High Risk** - Last Update: 03/17/2012 04:40 by Miles, April)

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Admission

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 13 of 17

Print Date/Time: 04/16/2013 08:22

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000261336

* Auth (Verified) *

Delta Regional Medical Center

1400 E Union St
GREENVILLE, MS 387045247

(662) 378-3783

Patient Information

Patient Name: PRINCE JR, MICHAEL
Home Address: 590 HAMEL ST
GREENVILLE, MS 38703283
Home Phone: (662) 820-9784
Employer Name: Not Employed
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 22 Years
Religion: Baptist
SSN: 426696731

Guarantor Information

Guarantor Name: PRINCE JR, MICHAEL
Patient's Reltn: SELF
Billing Address: 590 HAMEL ST
GREENVILLE, MS 387032831
Billing Phone: (662) 820-9784
Employer Name: Not Employed
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 22 Years
Religion: Baptist
SSN: 426696731

Contact Information

Emergency Contact

Contact Name: PRINCE, DORA
Patient's Reltn: Other Relationship
Sex:
Home Phone: (662) 820-9784

Next of Kin

Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: PRINCE JR, MICHAEL
Patient's Reltn: SELF
Sex: Male
DOB: 05/12/1990
Age: 22 Years
Employer Name: Not Employed
Employer Phone:
Financial Class: Self Pay

Insurance Name: Self Pay
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age: 0 Days
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 03/25/2013 23:16
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm:
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Headache

Patient Type: Emergency
Medical Service: Emergency Room
Location: D1SE
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-HealthCare Poi
Advance Directive: No, info not provi
Reg Clerk: Slack, Shirley
Admit Physician:
Attend Physician: ONeal MD, Ellis Hil
PCP:

PRINCE JR, MICHAEL
MRN: M18-84-54



Male / 22 Years
FIN: 000261336



Printed By: Slack, Shirley on 03/25/2013 23:35 to printer dpemrg01
Registration last updated by: Slack, Shirley on 03/25/2013 23:35

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Measurements

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN, Martha

Procedure

Units Reference Range

Height/Length Estimated 167.64 cm

Weight Estimated 81.820 kg

Vital Signs

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN, Martha

Procedure

Units Reference Range

Temperature Oral 36.6 DegC [35.8-37.3]

Apical Heart Rate 84 bpm [60-100]

Respiratory Rate 18 br/min [14-20]

Systolic Blood Pressure 134 mmHg [90-140]

Diastolic Blood Pressure 71 mmHg [60-90]

*Pain**Pain Assessment*

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN, Martha

Procedure

Units Reference Range

Pain Symptoms Self Report Yes, able to self report

Primary Pain Location Head

Numeric Pain Scale 8

Primary Pain Time Pattern Intermittent

Primary Pain Onset Sudden

Primary Pain Duration 2-3

Primary Pain Quality Aching

Primary Pain Radiation No

Primary Pain Aggravating Factors None

Pain Associated Symptoms None

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 15 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

*Respiratory**Oxygen Therapy & Oxygenation Information*

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

SpO2 100 %

*Integumentary**Integumentary Assessment*

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Skin Temperature Warm

Skin Description Dry

*Neurological**Neurological Assessment*

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Level of Consciousness Calm and cooperative

Coma Assessment

Recorded Date 03/25/2013

Recorded Time 23:28

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Eye Opening Response Glasgow	Spontaneously
Best Motor Response Glasgow	Obeys simple commands
Best Verbal Response Glasgow	Oriented
Glasgow Coma Score	15

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 16 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

*Psychosocial**Suicide Risk Assessment*

Recorded Date 03/25/2013

Recorded Time 23:28

Recorded By Jones RN, Martha

Procedure

Units Reference Range

Suicidal Ideation None

Psychological Functions

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN, Martha

Procedure

Units Reference Range

Affect/Behavior Appropriate, Calm, Cooperative

Orientation Assessment Oriented x 4

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 17 of 17

Print Date/Time: 04/16/2013 08:22

Prince-Delta Regional 000049

DATE 04/28/2013
TIME 08:50:37 AM

DELTA REGIONAL MEDICAL CL
1400 E UNION ST
GREENVILLE MS 387033246

PATIENT CONTROL NUMBER
1060291

PATIENT NAME
PRINCE JR, MICHEAL

MEDICAL RECORD NUMBER
188454

BEGINNING DATE OF SERVICE
031712

ENDING DATE OF SERVICE
031712

ASSIGNMENT BENEFITS
ASSIGNED TO DELTA
REGIONAL MEDICAL CENTER

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0320	XR HAND COMPLETE LEFT	73130LT	031712	1	126.00	
0350	CT MAXILLOFACIAL W/O CON	70486	031712	1	745.00	
0450	99284 - LEVEL 4	99284	031712	1	795.00	
0001	PAGE 1 OF 1			3	1666.00	
0001	TOTAL			3	1666.00	



**RADIOLOGY
REPORT**

**866.915.6900
www.rays.net**

**DELTA REGIONAL
MEDICAL CENTER**

**1400 East Union St
P.O. Box 5247
Greenville, Miss 38704**

Patient	MRN	DOB	Hospital Code	Accession No.	Ref Physician
PRINCE MICHEAL JR	188454	5/12/1990	1132	01-CT-12-03106	THOMAS LESIA

Study: CT FACE -
Tech Notes: ASSAULT/FACIAL WO ~ THOMAS LESIA ~
Tech Findings:

Study Date: 03/17/2012 05:39

***** PRELIMINARY REPORT *****

***** PRELIMINARY REPORT *****

HISTORY:
21M. Assault.

CT the facial bones without contrast, no comparison.

FINDINGS:
Mild left preorbital and premaxillary soft tissue swelling.
No evidence of acute fracture.
Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.
Temporomandibular alignment maintained.
Unerupted teeth seen within the anterior aspect of the maxilla.
The globes maintain normal contour.
There is mild medial deviation of the left optic nerve in the orbit.
However, there is no evidence of retro-orbital hematoma.

IMPRESSION:
1. No acute fracture.
2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma.
This is of uncertain clinical significance. Correlate with visual acuity and physical examination.
3. Left premaxillary/preorbital soft tissue swelling.

Handwritten signature/initials

Handwritten signature/initials

Ted Brewer, M.D.
03/17/2012 6:32 AM Central
Turnaround:32m

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RADIOLOGY REPORT

866.915.6900
www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St
P.O. Box 5247
Greenville, Miss 38704

Patient	MRN	DOB	Hospital Code	Accession No.
PRINCE MICHEAL JR	188454	5/12/1990	1132	01-CT-12-03106
Ref Physician THOMAS LESIA	Study: CT FACE -		Study Date: 03/17/2012 05:39	
Tech Notes: ASSAULT/FACIAL WO ~ THOMAS LESIA ~				
Tech Findings:				

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

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FINDINGS:

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The globes maintain normal contour.

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However, there is no evidence of retro-orbital hematoma.

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1. No acute fracture.
2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma. This is of uncertain clinical significance. Correlate with visual acuity and physical examination.
3. Left premaxillary/preorbital soft tissue swelling.

Ted Brewer, M.D.
03/17/2012 6:32 AM Central
Turnaround:32m

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**PRINCE, MICHAEL**

03/17/12 14:25 Dr. UNASSIGNED, DOCTOR

18173124 EMR AER 1220154

05/12/1990 21 M M01

Emergency Services

INSTRUCTIONS TO PATIENT

(Please Read Carefully)

Emergency Department examination and treatment are not meant to be a substitute for complete medical care.

In addition, x-rays do not always show disease or injury; it is possible, for example, for a fracture not to be evident on the first x-ray. We strongly advise that you contact your regular physician or dentist (or the clinic listed below) for a "follow-up" visit. It is especially important that you seek additional care, here or elsewhere, if symptoms persist or worsen.

DATE 3/17/12 TIME 10:45 AM/PM

You have received a copy of these instruction sheets.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Abdominal Problems | <input type="checkbox"/> Eye Problem | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fever | <input type="checkbox"/> Pelvic Pain | <input type="checkbox"/> Vomiting and Diarrhea |
| <input type="checkbox"/> Back Strain | <input type="checkbox"/> Genital Infection | <input type="checkbox"/> Sprain, Fracture, Bruise | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Tetanus/Diphtheria | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cold | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Threatened Miscarriage | |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Neck Strain | <input type="checkbox"/> Throat Culture/Strep Throat | |

DISCHARGE DIAGNOSIS:(L) eye injury**ADDITIONAL INSTRUCTIONS:**

Take Motrin 600mg every 4-6 hrs
for pain. Bldg in eye may take
a month to decrease. If develop eye
pain or eye vision blurriness return to ER

- ☐ Follow up with your local doctor or select one from the list provided.
- ☐ Follow up with the _____ Clinic as scheduled.
- ☐ An appointment for _____ clinic has been requested. If you do not hear from them in 48 hours, call ER Scheduling at (601) 984-5580 for assistance.
 (M-F, 8:00 am to 5:00 pm)

MEDICATIONS

- ☐ Take them **only** as directed. Pain pills and sedatives may make you drowsy; do no use dangerous machines, drive a car or drink alcohol while using them.

Return to the Emergency

Department in _____ days.

Physician's Signature

In signing below, I show that I have received and understood these instructions. I understand that I have received emergency care for my problem only and that I may still need "follow-up" care.

Michael Prince
 Signature of patient or responsible party

☐ Self ☐ Parent ☐ Other

[Signature]
 Signature of nurse or doctor discharging patient

CERTIFICATE OF RETURN TO WORK OR SCHOOL**PRINCE, MICHAEL**

was seen at

University Hospital on _____

and should be able to return to work or school on _____

Limitations/Remarks: _____ M.D.

Telephone

03/17/12 14:25 Date

UMC #1826C (6/2009)





University of Mississippi
Health Care
University Hospitals and Health System



PRINCE ,MICHAEL

03/17/12 14:25 Dr. UNASSIGNED, DOCTOR
18173124 EMR AER 1220154
05/12/1990 21 M M01

Emergency Department and Outpatient Medication Reconciliation

ALLERGIES to medications / reactions (ask about prior charted allergies if patient omits):

None

Primary Care Physician & phone #

Usual pharmacy & phone #

Information Received from: ☐ Patient ☐ Caregiver ☐ Other: _____

Medication list is: ☐ Complete ☐ Incomplete/unavailable☐ Patient Currently Taking No Medications

Prescription and non-prescription medications, herbals, and vitamins the patient states they currently use or take

[illegible]

Nurse/Pharmacist Signature:

Edith Andrews

☐ **No changes or additions to Current Therapy**

New & Changed Medication / Strength	Dose	Route	Frequency	Indication/Comments	Length of Therapy
Motrin	600mg	oral	6 hrs	Pain	5 days

DO NOT USE IU, U, QD, QOD, MS, MSO4, MgSO4, Trailing Zeros, Lack of Leading Zeros

Medication Reconciliation form reviewed prior to Discharge. Copy provided to patient or caregiver.

Clinician Signature

3/17
Date and Time

MR0483H

Prince-Delta Regional 000004





1400 East Union St.
PO Box 5247
Greenville, MS 38704-5247

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 21 years Male

Location: D1SE

Admitting: Bearry, John Houston

Admit: 03/17/2012

Discharge:

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Triage Note

03/17/2012 04:20

Auth (Verified)

Dubose, Myrna (03/17/2012 04:20)

Dubose, Myrna (03/17/2012 04:20)

ED Triage Adult Entered On: 03/17/12 4:26 CDT
Performed On: 03/17/12 4:20 CDT by Dubose, Myrna

Triage

Chief Complaint/

Mechanism of Injury : hit in face with a flashlight , teeth chipped up and left eye swollen
unable to straighten fingers out on left hand, coughing up blood

Reason Unable to Obtain Current Visit Information : None

Mode of Arrival : Police

Pain Symptoms : Yes, able to self report

Vital Signs : Yes

ED Condensed

Treatment & Assessment : Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Diagnoses(Active)

Eye pain

Date: 03/17/2012 ; Diagnosis Type: Reason For Visit ;
Confirmation: Probable ; Clinical Dx: Eye pain ; Classification:
Medical ; Clinical Service: Non-Specified ; Code: SNOMED
CT ; Probability: 0 ; Diagnosis Code: 2579394014

ESI

Is This

Patient Dying? : No

Is This a Patient Who Shouldn't Wait? : No

How Many Resources Will This Patient Need? : Many

Recommended ESI Level : 3

Dubose, Myrna - 03/17/12 4:20 CDT

DCP GENERIC CODE

Tracking Acuity : 3

Tracking Group : DLTA ED

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies/Home Meds

ED Hx and Allergies : Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified ; Created By: Dubose,
Myrna; Reaction Status: Active ; Category: Drug ; Substance:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 2771048

Page 1 of 8

Print Date/Time: 03/17/2012 07:26

Prince-Delta Regional 000005

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 21 years Male

Location: D1SE

Admitting: Bearry, John Houston

Admit: 03/17/2012

Discharge:

No Known Allergies ; Type: Allergy ; Updated By: Dubose,
Myrna; Reviewed Date: 03/17/12 4:24 CDT

Medication List

Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain

Date: 03/17/2012 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Eye pain ; Classification:

Medical ; Clinical Service: Non-Specified ; Code: SNOMED

CT ; Probability: 0 ; Diagnosis Code: 2579394014

Primary Pain ED

Primary Pain Location : Eye

Numeric Rating Scale : Yes

ED Patient No Pain : Yes

Numeric Rating : 6

Time Pattern : Acute

Quality : Sharp

Pain Radiates : No

Dubose, Myrna - 03/17/12 4:20 CDT

Vitals/Ht/Wt

Temperature Oral : 36.6DegC(Converted to: 97.9DegF)

Peripheral Pulse Rate : 68bpm

Respiratory Rate : 18br/min

Systolic/

Diastolic BP : 146mmHg (HI)

Systolic/

Diastolic BP : 72mmHg

Height/Length Estimated : 165.00cm(Converted to: 5ft 5in, 5.41ft, 64.96in)

Weight Estimated : 72.730kg(Converted to: 160lb 5oz, 160.342lb)

Dubose, Myrna - 03/17/12 4:20 CDT

Assess/Tx

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 21 years Male

Location: D1SE

Admitting: Bearry, John Houston

Admit: 03/17/2012

Discharge:

Level of Consciousness : Not sedated

Orientation : Oriented x 4

OB Skin Color : Pink

Skin Description : Dry

Skin Temperature : Warm

Pre-Arrival Treatments : None

Dubose, Myrna - 03/17/12 4:20 CDT

Procedure History

Procedure History

DOCUMENT NAME:

ED Note-Nursing

SERVICE DATE/TIME:

03/17/2012 04:39

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

Miles, April (03/17/2012 04:39)

SIGN INFORMATION:

Miles, April (03/17/2012 04:39)

ED Assessment Adult Entered On: 03/17/12 4:42 CDT

Performed On: 03/17/12 4:39 CDT by Miles, April

ID Screen

TB Symptoms Grid

Bloody Sputum : No

Fatigue : No

Fever : No

Loss of Appetite : No

Night Sweats : No

Persistent Cough Greater Than 3 Weeks : No

Weight Loss : No

Miles, April - 03/17/12 4:39 CDT

Syndrome Surveillance Symptoms Grid

Headache : Yes

Illness With Generalized Rash : No

Muscle Pain : Yes

New or Worsening Cough : No

Shortness of Breath : No

Recent Exposure to Communicable Disease : No

Miles, April - 03/17/12 4:39 CDT

Travel Within Last 14 Days : No

Miles, April - 03/17/12 4:39 CDT

Past Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain

Date: 03/17/2012 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Eye pain ; Classification:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 21 years Male

Location: D1SE

Admitting: Bearry, John Houston

Admit: 03/17/2012

Discharge:

Medical ; Clinical Service: Non-Specified ; Code: SNOMED
CT ; Probability: 0 ; Diagnosis Code: 2579394014

Procedure History

Procedure History

Social History

Patient Smoking History : Current everyday smoker

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival? : Yes

Miles, April - 03/17/12 4:39 CDT

Social History

Alcohol: High Risk
(Last Updated: 03/17/12 04:40:38 by Miles, April)

Tobacco: High Risk
(Last Updated: 03/17/12 04:40:45 by Miles, April)

Substance Abuse: Denies Substance Abuse
(Last Updated: 03/17/12 04:41:14 by Miles, April)

General

Immunizations Current : Yes

Last Tetanus : Greater than 5 years

Influenza Vaccine Status : Refused

Pneumococcal Vaccine Status : Refused

Infectious Diseases : None

Languages : English

Domestic Concerns : None

Suicidal Ideation : None

Pregnancy Status : N/A

Miles, April - 03/17/12 4:39 CDT

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 21 years Male

Location: D1SE

Admitting: Bearry,John Houston

Admit: 03/17/2012

Discharge:

Orders**Patient Care****Order: Vision Testing**

Order Date/Time: 03/17/2012 05:00

Order Status: Ordered

Department Status: Ordered

Activity Type: POC Asmt/Tx/Monitoring

End-state Date/Time: 03/17/2012 05:00

End-state Reason:

Ordering Physician: Thomas,Lesia

Consulting Physician:

Entered By: Thomas,Lesia on 03/17/2012 05:07

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Order Comment:

Radiology**Order: XR Hand Complete Left**

Order Date/Time: 03/17/2012 05:06

Order Status: Ordered

Department Status: Exam Completed

Activity Type: Radiology

End-state Date/Time: 03/17/2012 05:06

End-state Reason:

Ordering Physician: Thomas,Lesia

Consulting Physician:

Entered By: Jones,Brandi on 03/17/2012 05:49

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Order Comment:

Order: CT Maxillofacial w/o Contrast

Order Date/Time: 03/17/2012 05:05

Order Status: Ordered

Department Status: Exam Completed

Activity Type: Radiology

End-state Date/Time: 03/17/2012 05:05

End-state Reason:

Ordering Physician: Thomas,Lesia

Consulting Physician:

Entered By: Tyson,Deserre on 03/17/2012 05:51

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 21 years Male

Location: D1SE

Admitting: Bearry, John Houston

Admit: 03/17/2012

Discharge:

Allergies

Substance	Allergy Type	Reaction Status	Reaction Symptom	Reviewed Date/Time
No Known Allergies	Allergy	Active		03/17/2012 05:00

Social History**Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)****Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles, April)****Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)**

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

1400 E Union St
GREENVILLE, MS 387045247

(662) 378-3783

Patient Information

Patient Name: PRINCE JR, MICHEAL
Home Address: 590 HAMEL ST
 GREENVILLE, MS 38703283
Home Phone: (662) 335-5755
Employer Name: Not Employed
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 21 Years
Religion: Baptist
SSN: 426696731

Guarantor Information

Guarantor Name: PRINCE JR, MICHEAL
Patient's Reltn: SELF
Billing Address: 590 HAMEL ST
 GREENVILLE, MS 387032831
Billing Phone: (662) 335-5755
Employer Name:
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 21 Years
Religion: Baptist
SSN: 426696731

Contact Information**Emergency Contact**

Contact Name: PRINCE, DORA
Patient's Reltn: Other Relationship
Sex:
Home Phone: (662) 335-5755

Next of Kin

Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: PRINCE JR, MICHEAL
Patient's Reltn: SELF
Sex: Male
DOB: 05/12/1990
Age: 21 Years
Employer Name: Not Employed
Employer Phone:
Financial Class: Commercial Insurance

Insurance Name: Miscellaneous Commercial Health Pla
Claim Address: 216 MAIN ST
 Greenville, MS 38701
Insurance Phone: (662) 378-1515
Policy Number: 426696731
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age: 0 Days
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 03/17/2012 04:05
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm:
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Medical problem

Patient Type: Emergency
Medical Service: Emergency Room
Location: D1SE
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-HealthCare Poi
Advance Directive: No, info not provi
Reg Clerk: Jackson, Stacy
Admit Physician: Bearry, John Hous
Attend Physician: Bearry, John Hous
PCP:

PRINCE JR, MICHEAL

Male / 21 Years

MRN: M18-84-54

FIN: 000145678



Printed By: Jackson, Stacy on 03/17/2012 05:14 to printer dpemrg01

Registration last updated by: Jackson, Stacy on 03/17/2012 05:14

Prince-Delta Regional 000011

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 21 years Male

Location: D1SE

Admitting: Bearry, John Houston

Admit: 03/17/2012

Discharge:

Measurements

Recorded Date	03/17/2012		
Recorded Time	04:20		
Recorded By	Dubose, Myrna		
Procedure		Units	Reference Range
Height/Length Estimated	165.00	cm	
Weight Estimated	72.730	kg	

Vital Signs

Recorded Date	03/17/2012		
Recorded Time	04:20		
Recorded By	Dubose, Myrna		
Procedure		Units	Reference Range
Temperature Oral	36.6	DegC	[35.8-37.3]
Peripheral Pulse Rate	68	bpm	[60-100]
Respiratory Rate	18	br/min	[14-20]
Systolic Blood Pressure	146 ^H	mmHg	[90-140]
Diastolic Blood Pressure	72	mmHg	[60-90]

Pain

Pain Assessment

Recorded Date	03/17/2012		
Recorded Time	04:20		
Recorded By	Dubose, Myrna		
Procedure		Units	Reference Range
Pain Symptoms Self Report	Yes, able to self report		
Primary Pain Location	Eye		
Numeric Pain Scale	6		
Primary Pain Time Pattern	Acute		
Primary Pain Quality	Sharp		
Primary Pain Radiation	No		

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 21 years Male

Location: D1SE

Admitting: Bearry, John Houston

Admit: 03/17/2012

Discharge:

Integumentary**Integumentary Assessment**

Recorded Date	03/17/2012		
Recorded Time	04:20		
Recorded By	Dubose, Myrna		
Procedure		Units	Reference Range
Skin Temperature	Warm		
Skin Description	Dry		

Neurological**Neurological Assessment**

Recorded Date	03/17/2012		
Recorded Time	04:20		
Recorded By	Dubose, Myrna		
Procedure		Units	Reference Range
Level of Consciousness	Not sedated		

Psychosocial**Suicide Risk Assessment**

Recorded Date	03/17/2012		
Recorded Time	04:39		
Recorded By	Miles, April		
Procedure		Units	Reference Range
Suicidal Ideation	None		

Psychological Functions

Recorded Date	03/17/2012		
Recorded Time	04:20		
Recorded By	Dubose, Myrna		
Procedure		Units	Reference Range
Orientation Assessment	Oriented x 4		

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

DELTA REGIONAL
MEDICAL CENTER
 Greenville, Mississippi

PL	MRN: M18-84-54	PRINCE JR, MICHAEL
		DOB: 05/12/1990 21 Years
		DOS: 03/17/2012 04:05
		ATT:
		FIN: 000145678

Transfer Form

1. PATIENT CONDITION

A. ☐ There is no reasonable likelihood of deterioration from or during transport.

B. ☒ The patient may be at risk for deterioration from or during transport

C. ☐ Patient is pregnant with contractions

Based upon my examination of the patient and the information available to me at the time of transfer, I certify that the risks of transfer are outweighed by the benefits reasonable anticipated from proper care at the receiving facility.

2. RISKS OF TRANSFER

none

[x] All transfers have inherent risks of delays or accidents in transit, pain or discomfort upon movement, and limited medical capacity of transport units that may limit available care in the event of a crisis.

3. BENEFITS OF TRANSFER

services not available

4. REASON FOR TRANSFER

A. ☐ For equipment or services not available at this facility (list)

B. ☐ Patient-initiated request for transfer. Services are available here and offered to patient, who wishes of their own volition and request to be transferred.

Physician Certification/Signature _____ Date/Time _____

5. HOSPITAL ACCEPTANCE

A. Name of destination hospital:

UMMC

B. Accepted by: *Thompson* 0710
 Name Time

☒ INITIALS OF PERSON OBTAINING ACCEPTANCE

C. Accepting MD: *Thompson* 0710
 Name Time

D. Report Called to: *TS* 0725
 Name Time

☒ INITIALS OF PERSON OBTAINING ACCEPTANCE

Discharge Vitals	Time:
B/P <i>137/70</i>	Pulse <i>72</i>
Resp <i>18</i>	Temp <i>36.8</i>

*WITHIN 15 MINUTES OF DISCHARGE

6. MODE OF TRANSPORT

☐ ALS Ambulance

☐ BLS Ambulance

☐ Helicopter

☐ Fixed Wing Aircraft

☐ Additional Personnel:

☐ RN ☐ Respiratory Therapist

☐ Other:

Medications/ Equipment sent with patient:

Medical Records sent with patient at the time of transfer (check all that apply)

☐ Copy of lab results ☒ Physician H&P

☐ Copy of EKG ☒ Progress Notes

☒ Copy of X-Ray films ☐ Med. Admin. Rec.

☐ Prenatal Record

Service Contacted:

By _____ Time _____ ETA _____

7. PATIENT CONSENT TO TRANSFER

I acknowledge that my medical condition has been evaluated and explained to me by the Emergency Department physician or other qualified medical person and/or my attending physician. The potential benefits of such transfer have been explained to me and I fully understand them.

☒ I hereby CONSENT to transfer.

☐ I hereby REFUSE transfer and I request instead to continue treatment at:

Michael Prince
 Patient signature or on behalf of patient Time

ATL
 Witness Time

AUTHORIZATION FOR MEDICAL AND SURGICAL TREATMENT: This is to certify that, I, the undersigned hereby consent to and authorize the administration and performance of treatments and surgical procedures and the administration of any anesthetics which in the judgment of the attending physician may be necessary or advisable. I understand that I have the right to ask questions and to receive information about my care and treatment and to the right to withdraw my consent for treatment or tests. I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when healthcare personnel have been exposed to my blood and/or body fluids), laboratory procedures, medications, infusions, nursing care and other services or treatments rendered by my physician, consulting physicians and their associates and assistants, or rendered by Facility personnel under the instructions, orders or direction of such physician(s). **I consent to photographs or videotapes made for the purpose of identification, diagnosis, treatment, or entry into the medical record.** This authorization shall expire upon the discharge and removal of patient from the Facility. The Facility is authorized to dispose of tissues removed in performance of surgery prescribed by the undersigned's physician.

PHYSICIAN FEES: The undersigned understands that all doctors furnishing services to the patient, including radiologists, pathologists, anesthesiologists, and the like, may not be employees or agents of the Hospital. Bills for these services will be separate from hospital charges.

LEAVING THE HOSPITAL AGAINST ADVICE: In the event the patient elects to leave the Hospital against the advice of a physician and the Hospital, the patient releases all physicians and the Hospital from all responsibility and any ill effects which may result from such action.

DRUGS: It is imperative that the hospital at all times be aware of the patient's intake. Accordingly, patient shall neither use nor keep any drug or drug appliance/apparatus not prescribed by or on behalf of the attending physician and dispensed by the Hospital under Patient's current stay.

NOTICE OF PRIVACY PRACTICES: I acknowledge that I have received the Hospital's Notice of Privacy Practices.

RELEASE OF INFORMATION

CONSENT TO RELEASE INFORMATION TO INSURANCE COMPANY FOR PAYMENT DETERMINATIONS: I authorize Delta Regional Medical Center to release medical information to any insurance company or agency which I have either filed a claim with or which is assisting me in the payment for services and to any other assigned insurance company for billing purposes. I authorize Delta Regional Medical Center to release medical or other information needed for this or to Medicaid or to the Social Security Administration or its intermediaries or carriers for Medicare claims.

AUTHORIZATION TO RELEASE PATIENT INFORMATION: I hereby authorize Delta Regional Medical Center to release a copy of my record(s) to the attending physician, consulting physicians, follow-up provider(s), or to a transferring medical facility. I further agree to release Delta Regional Medical Center from all legal responsibility or liability that may arise from the release of such records.

GUARANTEE OF PAYMENT

ASSIGNMENT OF BENEFITS: For and in consideration of the services to be rendered to "Patient" I do hereby agree to guarantee the payment of the full and entire amount of all bills rendered for said patient in accordance with the regular rates and terms of the hospital. In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient or any other party liable to patient, said benefits are hereby assigned to hospital for application on patient's bill, and it is agreed that the hospital may receipt for any such payment.

I also assign payment for the unpaid charges for certain in-hospital physician's services furnished by specialists, or by physicians for whom the hospital is authorized to bill. I understand that I am responsible for any health insurance deductibles and co-insurance. Should the account be referred to a collection agency, the undersigned agrees to pay reasonable attorney's fees and collection expense. Undersigned agrees and consents that, if legal action is filed by the hospital to enforce payment of the obligation, venue shall be in Washington County, Mississippi;

TERMS FOR ADMISSION/TREATMENT: Admission/Pre-service deposit or acceptable hospitalization insurance is required for admission and non-emergency treatment at this hospital. Total account is due on admission or at the time of service with allowances made for insurance coverage approved and verified prior to discharge. Any exception to the above must be made before or at the time services are rendered.

NON-MEDICAL NECESSITY FOR PRIVATE ROOM: I understand and agree the private room difference is not covered by Medicare or private insurance and agree to pay all the difference due before or at the time services are rendered.

PERSONAL VALUABLES: I have been informed that I am fully responsible for all personal items which I may bring into the hospital. Delta Regional Medical Center is released from responsibility for all loss or damage of items which are not stored in the Business Office safe. That includes, but is not limited to, any money, jewelry, glasses, dentures, documents, furs or other articles of value unless deposited with the Hospital for safekeeping. The Hospital also provides denture cups for use by patients requiring them. Please take special precautions to be sure your dentures are properly kept and cared for and keep them in a denture cup at all times when you are not using them. The Hospital cannot and will not accept responsibility for their loss. VALUABLES LEFT ☐ Yes ☐ No

ADVANCED DIRECTIVES

ADVANCED DIRECTIVE: I have received information about my right to refuse treatment or to appoint health care surrogates under Mississippi state law and about the Hospital's policies on honoring such decisions.

_____ I have executed a living will.

Michael Prince I have not executed a living will.

MINORS

AGE OF CONSENT: (1) Consent of a parent, legal guardian or other authorized person is required if the patient is not pregnant and has not yet obtained his or her 18th birthday. (2) Any female, regardless of age or marital status, is empowered to give consent for herself in connection with pregnancy or childbirth.

THE UNDERSIGNED CERTIFIES THAT HE HAS READ AND UNDERSTANDS THE FOREGOING, AND IS THE PATIENT, OR IS DULY AUTHORIZED BY THE PATIENT, AS PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT THE TERMS.

Date

3/17/12

Hospital Representative

Patient Signature or Authorized Signature

Relationship to Patient

Address

Prince-Delta Regional 000015

Address

ASSIGNMENT

For and in consideration of the rendering of medical and hospital services to

I do hereby assign, set over, transfer and convey to Delta Regional Medical Center, Greenville, Mississippi, an amount equal to the total of all billed hospital and medical services rendered by Delta Regional Medical Center from all sums received by me, or that is payable to me from any policy of insurance, or by way of litigation in any court of law, court of equity, administrative board, agency, or before the Mississippi Workmen's Compensation Commission arising out of

an incident, casualty or event which occurred on or about the _____ day of _____, 20____, in which it is claimed that the above named patient sustained personal injuries requiring hospitalization more particularly described as follows:

The above named patient does hereby assign, set over, transfer and convey to the Delta Regional Medical Center an amount equal to the total of all bill amounts for hospitalization and medical services against any and all sums so collected by way of payment, judgement, compromise or settlement of any claim asserted against any person, firm or corporation arising out of the incident, casualty or event as stated above.

The above named patient does hereby recognize a lien for such services rendered against any and all sums so collected in an amount equal to the total of all hospital and medical services rendered by the Delta Regional Medical Center and which are recovered and collected by way of payment, judgement, compromise or settlement of any claim so asserted against any person, firm or corporation arising out of the incident, casualty or event described above.

I hereby authorize Delta Regional Medical Center to notify the person, firm or corporation, or any attorney or agent representing same, against whom a claim is asserted for and on behalf of the above named patient of this assignment and lien and further that this assignment does in and of itself constitute authority for said person, firm or corporation to withhold an amount equal to the sum due said hospital for hospital and medical services and pay same directly to Delta Regional Medical Center.

I hereby authorize the Delta Regional Medical Center to notify any attorney or agent representing the above named patient of this assignment and lien and further that this assignment does in and of itself constitute authority for said attorney or agent to pay sum out of any funds collected by him for or on behalf of the above named patient and further this constitutes authority to notify any insurance company, court agency or commission of said assignment and lien and this assignment shall constitute authority for said insurance company, court, agency or commission to withhold the sums due hereunder for hospital and medical services and pay same directly to Delta Regional Medical Center.

I hereby acknowledge that I have received a true and correct copy of this assignment and that I have signed this assignment of my own true act and deed.

Witness

Patient, Parent or Guardian of Patient

MEDICAL RECORD AUTHORIZATION

Patient Name: Michael Prince, Jr.
Date of Birth: 5/12/90
Social Security Number: XXX-XX-6731

1. I authorize (name of health care provider) Delta Regional Medical Center to disclose my health information specific to the following date or time period: through the present date.
2. Individual or entity authorized to receive my health information:

Derek L. Hall
DEREK L. HALL, PLLC
1764 Lelia Drive
Jackson, Mississippi 39216
Tel. (601)981-4450
Fax. (601)981-4717

3. Purpose for which disclosure is to be made: Litigation

4. Information to be disclosed: **(check all that apply)***

☒ Please send the entire medical record (all information) to the above named recipient.

- | | | |
|---|---|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> History & Physical Exam | <input type="checkbox"/> Operative Report |
| <input type="checkbox"/> Emergency Room Report | <input type="checkbox"/> Laboratory Report | <input type="checkbox"/> Radiology Report |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Consultation(s) | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Transcribed Hospital Reports | <input type="checkbox"/> Clinician Office Chart Notes | <input type="checkbox"/> Billing Statements |

☐ Other: _____

*I understand that this will include health information relating to (check **only** if applicable):

- | | |
|---|--|
| <input type="checkbox"/> HIV (human Immunodeficiency Virus) Infection | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Treatment for alcohol and/or drug abuse | <input type="checkbox"/> Genetic Testing |

5. I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.
6. I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.
7. I understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.
8. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.

Michael Prince Jr.
Signature of Patient or Patient's Legal Representative Date

Michael Prince Jr.
Print Name of Patient or Legal Representative

Legal Representative's Relationship to Patient

51 pgs
*****AUTO**MIXED ADC 300
000000410 09 MB 2.340
ATTN: MOLLY B POOLE
DEREK L HALL PLLC
1911 DUNBARTON DR
JACKSON MS 39216-5002

000410



0051000410K0V



ATTENTION

Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

79713254



Derek L. Hall
— *pllo* —
ATTORNEYS AT LAW

CERTIFY

April 12, 2013

VIA CERTIFIED MAIL

Delta Regional Medical Center
ATTN: Records Department
1400 East Union Street
Greenville, Mississippi 38703

Re: Michael Prince, Jr.
DOB: 05/12/1990

pt

Dear Sir or Madam:

Please be advised that this office represents, Michael Prince, Jr., for personal injuries he sustained on March 17, 2012. Michael Prince Jr., was treated by one or more of your facilities for those injuries. I am requesting a copy of any and all records in your possession, including but not limited to any X-Rays or MRI's for Michael Prince, Jr., from **March 17, 2012 to present along with an Affidavit of Custodian**. I have enclosed an Authorization for Release of Medical Information. Please include an itemized bill for any an all services from March 17, 2012 to present.

If you require prepayment for these records, please notify me at the address listed below and I will gladly forward the same. Please expedite this request, if the is a fee for expedition please advise me.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Derek L. Hall, pllo

Molly B. Poole
Molly B. Poole
Associate Attorney

Cc: File
Enc.

phone | 601.981.4450 fax | 601.981.4717 email | mbrina@dlhattorneys.com

1911 Dunbarton Drive, Jackson, MS 39210 - dlhattorneys.com

MEDICAL RECORD AUTHORIZATION

Patient Name: Michael Prince, Jr. *pk*
Date of Birth: 5/12/90
Social Security Number: XXX-XX-6731

1. I authorize (name of health care provider) Delta Regional Medical Center to disclose my health information specific to the following date or time period: through the present date.

2. Individual or entity authorized to receive my health information:

Derek L. Hall
 DEREK L. HALL, PLLC *ship to*
 1764 Lelia Drive
 Jackson, Mississippi 39216
 Tel. (601)981-4450
 Fax. (601)981-4717

3. Purpose for which disclosure is to be made: Litigation

4. Information to be disclosed: (check all that apply)*

☒ Please send the entire medical record (all information) to the above named recipient.

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> History & Physical Exam	<input type="checkbox"/> Operative Report
<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> Laboratory Report	<input type="checkbox"/> Radiology Report
<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Consultation(s)	<input type="checkbox"/> EKG
<input type="checkbox"/> Transcribed Hospital Reports	<input type="checkbox"/> Clinician Office Chart Notes	<input type="checkbox"/> Billing Statements

☐ Other: _____

*I understand that this will include health information relating to (check only if applicable):

<input type="checkbox"/> HIV (human Immunodeficiency Virus) Infection	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Treatment for alcohol and/or drug abuse	<input type="checkbox"/> Genetic Testing

5. I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.

6. I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.

7. I understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.

8. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.

Michael Prince Jr.
 Signature of Patient or Patient's Legal Representative Date

Michael Prince Jr.
 Print Name of Patient or Legal Representative

 Legal Representative's Relationship to Patient

AFFIDAVIT BY CUSTODIAN OF MEDICAL RECORDS

STATE OF MISSISSIPPI

COUNTY OF WASHINGTON

The undersigned being duly sworn does state on oath as follows:

1. That he/she is the duly authorized custodian of the medical records of DELTA REGIONAL MEDICAL CENTER and has the authority to certify said records.
2. That the within and annexed are true and correct copies of medical records of Michael Prince Jr., which appear to the undersigned to be described in the request for medical records.
3. The within and annexed records were prepared either by the personnel of DELTA REGIONAL MEDICAL CENTER or its staff physicians or by persons acting under the control of either of them, in the ordinary course of business at or near the time of the act, condition or event reported therein.

I certify these statements to be accurate and correct.

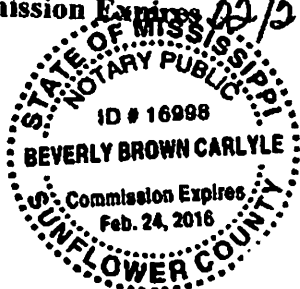
Chris Stacker
MEDICAL RECORDS CUSTODIAN

4-17-13
DATE

Sworn and subscribed before me this 17th day of April, 2013.

My Commission Expires 02/24/16

Beverly Brown Carlyle
Notary Public





1400 East Union St.
PO Box 5247
Greenville, MS 38704-5247

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Coding Summary

03/17/2012 07:35

Transcribed

CODING DATE: 03/23/2012 FINAL
Delta Regional Medical Center

ADMIT DX:

784.1 THROAT PAIN

729.81 SWELLING OF LIMB

REASON FOR VISIT DX:

FINAL DX.

PRINCIPAL:

473.9 UNSPECIFIED SINUSITIS (CHRONIC)

SECONDARY:

959.8 OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES, INCLUDING
MULTIPLE

E917.9 OTHER ACCIDENT CAUSED BY STRIKING AGAINST OR BEING STRUCK
ACCIDENTALLY BY OBJECTS OR PERSONS WITH OR WITHOUT SUBSEQUENT FALL

E849.9 ACCIDENTS OCCURRING IN UNSPECIFIED PLACE

PYMT

PROC	APC	STAT	DESCRIPTION	DOCTOR NAME	DATE
------	-----	------	-------------	-------------	------

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 1 of 28

Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Coded By: Zuniga, Jennifer

Date Saved: 03/23/2012 08:35

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 2 of 28

Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Discharge Summaries

Document Type:

ED Patient Summary

Service Date/Time:

03/17/2012 07:35

Result Status:

Auth (Verified)

Performed Information:

Johnston, Adam (03/17/2012 07:35)

Signed Information:

Johnston, Adam (03/17/2012 07:35)

ED Patient Summary

**Delta Regional Medical Center
Patient Discharge Instructions**

Name: PRINCE JR, MICHEAL

Current Date: 03/17/12 07:35:15

DOB: 5/12/1990 12:00 AM

MRN: M18-84-54

FIN: 000145678

Patient Address: 590 HAMEL ST GREENVILLE MS 387032831

Patient Phone: (662) 335-5755

Primary Care Provider:

Name:

Phone:

Discharge Diagnosis: Sinusitis 473.9

Delta Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

PRINCE JR, MICHEAL has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Discharge Summaries

Prescriptions

New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

carbamazepine (Tegretol) , 4 times a day, Refills: 0

phenobarbital , Refills: 0

phenobarbital , Refills: 0

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

I, PRINCE JR, MICHAEL, have received the attached patient education materials/instructions and have verbalized understanding:

Patient Signature

Date

Provider Signature

Date

Patient education materials, if any, will display below

Prescription leaflets, if any, will display below

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Discharge Summaries

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

ED Clinical Summary

03/17/2012 07:35

Auth (Verified)

Johnston, Adam (03/17/2012 07:35)

Johnston, Adam (03/17/2012 07:35)

ED Clinical Summary

Delta Regional Hospital Clinical ED Discharge Instructions

PERSON INFORMATION

Name: PRINCE JR, MICHEAL

MRN: M18-84-54 FIN#:000145678

PHYSICIANS

Admitting Physician: Bearry, John Houston

Attending Physician: Bearry, John Houston

PCP:

Discharge Diagnosis: Sinusitis 473.9

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Medication Leaflets:

Follow up:

MEDICATION LIST

carbamazepine (Tegretol) , 4 times a day, Refills: 0

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 5 of 28

Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD,John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Discharge Summaries

phenobarbital , Refills: 0

phenobarbital , Refills: 0

DISCHARGE INFORMATION

Discharge Disposition:

Discharge/Transfer to Other HC Fac

Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit. 03/17/2012

Discharge: 03/17/2012

ED Physician Record

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

Emergency Department Provider Documentation Addendum

Facility Name: DELTA REGIONAL MEDICAL CENTER

Patient Name: PRINCE JR, MICHAEL

DOB: 5/12/1990

Date Of Service: 03/17/2012

Facility MRN: M188454

Facility Account Number: 000145678

Encounter #: 31759040

Non-Physician Provider Signature Missing

By signing, I verify that I treated this patient on the date of service noted above.

1

Additional documentation or clarifications

Electronically signed by
Thomas, Lesia NP (193786)
4/23/2012 9:37:26 PM

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Beary MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Triage Note

03/17/2012 04:20

Auth (Verified)

Dubose, Myrna (03/17/2012 04:20)

Dubose, Myrna (03/17/2012 04:20)

ED Triage Adult Entered On: 03/17/12 4:26 CDT
 Performed On: 03/17/12 4:20 CDT by Dubose, Myrna

Triage

Chief Complaint/

Mechanism of Injury : hit in face with a flashlight , teeth chipped up and left eye swollen
 unable to straighten fingers out on left hand, coughing up blood

Reason Unable to Obtain Current Visit Information : None

Mode of Arrival : Police

Pain Symptoms : Yes, able to self report

Vital Signs : Yes

ED Condensed

Treatment & Assessment : Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Diagnoses(Active)

Eye pain

Date: 03/17/2012 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Eye pain ; Classification:

Medical ; Clinical Service: Non-Specified ; Code: SNOMED

CT ; Probability: 0 ; Diagnosis Code: 2579394014

ESI

Is This

Patient Dying? : No

Is This a Patient Who Shouldn't Wait? : No

How Many Resources Will This Patient Need? : Many

Recommended ESI Level : 3

Dubose, Myrna - 03/17/12 4:20 CDT

DGP GENERIC CODE

Tracking Acuity : 3

Tracking Group : DLTA ED

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies/Home Meds

ED Hx and Allergies : Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified ; Created By: Dubose,

Myrna; Reaction Status: Active ; Category: Drug ; Substance:

No Known Allergies ; Type: Allergy ; Updated By: Dubose,

Myrna; Reviewed Date: 03/17/12 4:24 CDT

 LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD,John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Medication List

Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain

Date: 03/17/2012 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Eye pain ; Classification:

Medical ; Clinical Service: Non-Specified ; Code: SNOMED

CT ; Probability: 0 ; Diagnosis Code: 2579394014

Primary Pain ED

Primary Pain Location : Eye

Numeric Rating Scale : Yes

ED Patient No Pain : Yes

Numeric Rating : 6

Time Pattern : Acute

Quality : Sharp

Pain Radiates : No

Dubose, Myrna - 03/17/12 4:20 CDT

Vitals/Ht/Wt

Temperature Oral : 36.6DegC(Converted to: 97.9DegF)

Peripheral Pulse Rate : 68bpm

Respiratory Rate : 18br/min

Systolic/

Diastolic BP : 146mmHg (HI)

Systolic/

Diastolic BP : 72mmHg

Height/Length Estimated : 165.00cm(Converted to: 5ft 5in, 5.41ft, 64.96in)

Weight Estimated : 72.730kg(Converted to: 160lb 5oz, 160.342lb)

Dubose, Myrna - 03/17/12 4:20 CDT

Assess/Tx

Level of Consciousness : Not sedated

Orientation : Oriented x 4

OB Skin Color : Pink

Skin Description : Dry

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Skin Temperature : Warm

Pre-Arrival Treatments : None

Dubose, Myrna - 03/17/12 4:20 CDT

Procedure History

Procedure History

DOCUMENT NAME:	ED Note-Nursing
SERVICE DATE/TIME:	03/17/2012 04:39
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Miles, April (03/17/2012 04:39)
SIGN INFORMATION:	Miles, April (03/17/2012 04:39)

**ED Assessment Adult Entered On: 03/17/12 4:42 CDT
Performed On: 03/17/12 4:39 CDT by Miles, April**

ID Screen

TB Symptoms Grid

Bloody Sputum : No

Fatigue : No

Fever : No

Loss of Appetite : No

Night Sweats : No

Persistent Cough Greater Than 3 Weeks : No

Weight Loss : No

Miles, April - 03/17/12 4:39 CDT

Syndrome Surveillance Symptoms Grid

Headache : Yes

Illness With Generalized Rash : No

Muscle Pain : Yes

New or Worsening Cough : No

Shortness of Breath : No

Recent Exposure to Communicable Disease : No

Miles, April - 03/17/12 4:39 CDT

Travel Within Last 14 Days : No

Miles, April - 03/17/12 4:39 CDT

Past Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain

Date: 03/17/2012 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Eye pain ; Classification:

Medical ; Clinical Service: Non-Specified ; Code: SNOMED

CT ; Probability: 0 ; Diagnosis Code: 2579394014

Procedure History

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Procedure History**Social History***Patient Smoking History* : Current everyday smoker*Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival?* : Yes

Miles, April - 03/17/12 4:39 CDT

Social HistoryAlcohol: High Risk
(Last Updated: 03/17/12 04:40:38 by Miles, April)Tobacco: High Risk
(Last Updated: 03/17/12 04:40:45 by Miles, April)Substance Abuse: Denies Substance Abuse
(Last Updated: 03/17/12 04:41:14 by Miles, April)**General***Immunizations Current* : Yes*Last Tetanus* : Greater than 5 years*Influenza Vaccine Status* : Refused*Pneumococcal Vaccine Status* : Refused*Infectious Diseases* : None*Languages* : English*Domestic Concerns* : None*Suicidal Ideation* : None*Pregnancy Status* : N/A

Miles, April - 03/17/12 4:39 CDT

DOCUMENT NAME:	ED Patient Education Note
SERVICE DATE/TIME:	03/17/2012 07:35
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Johnston, Adam (03/17/2012 07:35)
SIGN INFORMATION:	Johnston, Adam (03/17/2012 07:35)

ED Patient Education Note

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD,John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Orders

Patient Care

Order: Vision Testing

Order Date/Time 03/17/2012 05:00

Order Status: Discontinued

Department Status: Discontinued

Activity Type: POC Asmt/Tx/Monitoring

End-state Date/Time: 03/17/2012 07:35

End-state Reason:

Ordering Physician: Thomas,Lesia

Consulting Physician:

Entered By: SYSTEM on 03/17/2012 07:35

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Order Comment:

Action Type: Discontinue

Action Date/Time: 03/17/2012 07:35

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Review Information:

Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Review Information:

Nurse Review: Electronically Signed, Bennett,Stephanie on 03/17/2012 05:16

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 13 of 28

Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Beary MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Orders

Radiology

Order: **XR Hand Complete Left**

Order Date/Time: 03/17/2012 05:06

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 03/17/2012 09:44

End-state Reason:

Ordering Physician: Thomas, Lesia

Consulting Physician:

Entered By: Collier, Michael on 03/17/2012 09:44

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Order Comment:

Action Type: Complete

Action Date/Time: 03/17/2012 09:44

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:49

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:33

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD,John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Orders**Radiology****Order: CT Maxillofacial w/o Contrast**

Order Date/Time: 03/17/2012 05:05

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 03/17/2012 09:56

End-state Reason:

Ordering Physician: Thomas,Lesia

Consulting Physician:

Entered By: Collier,Michael on 03/17/2012 09:56

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Order Comment:

Action Type: Complete

Action Date/Time: 03/17/2012 09:56

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:51

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:33

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD,John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Progress Notes

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

Progress Note - Nursing

03/17/2012 07:35

Auth (Verified)

Johnston,Adam (03/17/2012 10:45)

Johnston,Adam (03/17/2012 10:45)

Pt released in sherriff custody. S.O. officer to take patient to UMMC.

Released in hand/feet cuffs.

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Allergies

Substance	Allergy Type	Reaction Status	Reaction Symptom	Reviewed Date/Time
No Known Allergies	Allergy	Active		03/17/2012 05:00

*Social History***Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)****Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles, April)****Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)**

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 17 of 28

Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Computed Tomography

Accession Number	Exam Date/Time	Procedure	Ordering Dr.
01-CT-12-03106	03/17/2012 05:51	CT Maxillofacial w/o Contrast	Thomas, Lesia

Reason For Exam

(CT Maxillofacial w/o Contrast) Trauma

Report

History: Assault

CT scan of the face done without intravenous contrast with no older studies for comparison with previous reading from night rays which I concur shows mild mucoperiosteal thickening in both ethmoid and the right maxillary sinus with intact craniocervical junction and mandible as well as TM joints. The nasal septum is deviated slightly to the left in the posterior portion with mild discontinuity here suggesting a small fracture. The nasal bone shows irregularities suggesting a nondisplaced fracture. The periorbital region appears intact with no blowout fractures with no maxillary fractures identified. There is soft tissue swelling in the left periorbital region with the left globe intact. This extends into the left knee nasal area. There is disconjugate gaze with the left eye looking laterally in comparison to the right eye which probably accounts for the medial deviation of the left optic nerve.

Impression: Mild nasal fracture with a mild septal fracture with sinus disease but no blowout fractures. Disconjugate gaze.

***** Final *****

Dictated by: Collier, Michael

Dictated DT/TM: 03/17/2012 9:43 am

Signed by: Collier, Michael

Signed (Electronic Signature): 03/17/2012 9 55 am

General Diagnostic

Accession Number	Exam Date/Time	Procedure	Ordering Dr.
01-XR-12-08425	03/17/2012 05:48	XR Hand Complete Left	Thomas, Lesia

Reason For Exam

(XR Hand Complete Left) Injury, hand

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD,John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

General Diagnostic

Accession Number
01-XR-12-08425

Exam Date/Time
03/17/2012 05:48

Procedure
XR Hand Complete Left

Ordering Dr.
Thomas,Lesia

Report

History: Injury

Three views of the left hand shows intact distal radius and ulna as well as scapholunate distance and carpus with intact metacarpals. The digits show intact joint spaces.

Impression: No fractures seen.

***** Final *****

Dictated by: Collier, Michael

Dictated DT/TM: 03/17/2012 9:41 am

Signed by: Collier, Michael

Signed (Electronic Signature): 03/17/2012 9:42 am

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD,John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Consents

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

DELTA REGIONAL
MEDICAL CENTER
Greenville, Mississippi

PL	PRINCE JR, MICHAEL
	DOB: 05/12/1990 21 Years
	DOS: 03/17/2012 04:05
	ATT:
	FIN: 000145678
	MRN: M18-84-54

Transfer Form

1. PATIENT CONDITION

A. ☐ There is no reasonable likelihood of deterioration from or during transport.

B. ☒ The patient may be at risk for deterioration from or during transport

C. ☐ Patient is pregnant with contractions

Based upon my examination of the patient and the information available to me at the time of transfer, I certify that the risks of transfer are outweighed by the benefits reasonable anticipated from proper care at the receiving facility.

2. RISKS OF TRANSFER

(a) All transfers have inherent risks of delays or accidents in transit, pain or discomfort upon movement, and limited medical capacity of transport units that may limit available care in the event of a crisis.

3. BENEFITS OF TRANSFER

4. REASON FOR TRANSFER

A. ☐ For equipment or services not available at this facility (list)

B. ☐ Patient-initiated request for transfer. Services are available here and offered to patient, who wishes of their own volition and request to be transferred.

Physician Certification/Signature _____ Date/Time _____

5. HOSPITAL ACCEPTANCE

A. Name of destination hospital: U.M.C.

B. Accepted by: T. Ingson 0710
Name Time

C. Accepting MD: T. Ingson 0710
Name Time

D. Report Called to: TJ 0725
Name Time

INITIALS OF PERSON OBTAINING ACCEPTANCE

Discharge Vitals	Time:
B/P <u>137/70</u>	Pulse <u>72</u>
Resp <u>18</u>	Temp <u>36.6</u>

*WITHIN 15 MINUTES OF DISCHARGE

6. MODE OF TRANSPORT

☐ ALS Ambulance
☐ BLS Ambulance
☐ Helicopter
☐ Fixed Wing Aircraft
☐ Additional Personnel:
☐ RN ☐ Respiratory Therapist
☐ Other:

Medications/ Equipment sent with patient:

Medical Records sent with patient at the time of transfer (check all that apply)

☐ Copy of lab results ☒ Physician H&P
☐ Copy of EKG ☒ Progress Notes
☒ Copy of X-Ray films ☐ Med. Admin. Rec.
☐ Prenatal Record

Service Contacted:

By _____ Time _____ ETA _____

7. PATIENT CONSENT TO TRANSFER

I acknowledge that my medical condition has been evaluated and explained to me by the Emergency Department physician or other qualified medical person and/or my attending physician. The potential benefits of such transfer have been explained to me and I fully understand them.

☒ I hereby CONSENT to transfer.

☐ I hereby REFUSE transfer and I request instead to continue treatment at:

Michael Prince
Patient signature or on behalf of patient Time

A. T. H.
Witness Time

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Admission

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 22 **of** 28

Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

Delta Regional Medical Center

1400 E Union St
GREENVILLE, MS 387045247

(662) 378-3783

Patient Information

Patient Name: PRINCE JR, MICHAEL
Home Address: 590 HAMEL ST
GREENVILLE, MS 38703283
Home Phone: (662) 335-5755
Employer Name: Not Employed
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 21 Years
Religion: Baptist
SSN: 426696731

Guarantor Information

Guarantor Name: PRINCE JR, MICHAEL
Patient's Reltn: SELF
Billing Address: 590 HAMEL ST
GREENVILLE, MS 387032831
Billing Phone: (662) 335-5755
Employer Name:
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 21 Years
Religion: Baptist
SSN: 426696731

Contact Information

Emergency Contact

Contact Name: PRINCE, DORA
Patient's Reltn: Other Relationship
Sex:
Home Phone: (662) 335-5755

Next of Kin

Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: PRINCE JR, MICHAEL
Patient's Reltn: SELF
Sex: Male
DOB: 05/12/1990
Age: 21 Years
Employer Name: Not Employed
Employer Phone:
Financial Class: Commercial Insurance

Insurance Name: Miscellaneous Commercial Health Pla
Claim Address: 216 MAIN ST
Greenville, MS 38701
Insurance Phone: (662) 378-1515
Policy Number: 426696731
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age: 0 Days
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 03/17/2012 04:05
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm:
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Medical problem

Patient Type: Emergency
Medical Service: Emergency Room
Location: D1SE
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-HealthCare Poi
Advance Directive: No, info not provi
Reg Clerk: Jackson, Stacy
Admit Physician: Beatty, John Hous
Attend Physician: Beatty, John Hous
PCP:

PRINCE JR, MICHAEL

MRN: M18-84-54



Male / 21 Years

FIN: 000145678



Printed By: Jackson, Stacy on 03/17/2012 05:14 to printer dpemrg01

Registration last updated by: Jackson, Stacy on 03/17/2012 05:14

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD,John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Miscellaneous

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

Page 1 of 1

From: Page 1 of 1, 10623542024 Page 1 of 1 Date: 3/17/2012 5:14:45 AM



RADIOLOGY REPORT

866.915.6900
www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St
P.O. Box 5247
Greenville, Miss 38704

Patient
PRINCE MICHAEL JR

MRN
188454

DOB
5/12/1990

Hospital Code
1132

Accession No.
01-CT-12-03106

Ref Physician
THOMAS LESIA

Study: CT FACE -

Tech Notes: ASSAULT/FACIAL WO - THOMAS LESIA -

Tech Findings:

Study Date: 03/17/2012 05:39

*** PRELIMINARY REPORT ***

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

CT the facial bones without contrast, no comparison.

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling.

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular alignment maintained.

Unrupted teeth seen within the anterior aspect of the maxilla.

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma.

IMPRESSION:

1. No acute fracture.

2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma.

This is of uncertain clinical significance. Correlate with visual acuity and physical examination.

3. Left premaxillary/preorbital soft tissue swelling.

[Signature]

Ted Brewer, M.D.

03/17/2012 6:32 AM Central

Turnaround: 32m

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Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000145678

* Auth (Verified) *

Page 1 of 1



RADIOLOGY REPORT

866.915.6900
www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St
P.O. Box 5247
Greenville, Miss 38704

Patient	MRN	DOB	Hospital Code	Accession No.
PRINCE MICHAEL JR	188454	5/12/1990	1132	01-CT-12-03106
Ref Physician THOMAS LESIA	Study: CT FACE -		Study Date: 03/17/2012 05:39	
Tech Notes: ASSAULT/FACIAL WO - THOMAS LESIA -				
Tech Findings:				

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

CT the facial bones without contrast, no comparison.

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling.

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular alignment maintained.

Unerupted teeth seen within the anterior aspect of the maxilla.

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma.

IMPRESSION:

1. No acute fracture.
2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma. This is of uncertain clinical significance. Correlate with visual acuity and physical examination.
3. Left premaxillary/preorbital soft tissue swelling.

Ted Brewer, M.D.
03/17/2012 8:32 AM Central
Turnaround: 32m

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<https://rt.nightrays.com/Medical/StudyReportBatch.aspx?StudyId=1415744>

3/17/2012

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Beary MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Measurements

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure	Units	Reference Range
Height/Length Estimated	165.00 cm	
Weight Estimated	72.730 kg	

Vital Signs

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure	Units	Reference Range
Temperature Oral	36.6 DegC	[35.8-37.3]
Peripheral Pulse Rate	68 bpm	[60-100]
Respiratory Rate	18 br/min	[14-20]
Systolic Blood Pressure	146 ^H mmHg	[90-140]
Diastolic Blood Pressure	72 mmHg	[60-90]

Pain**Pain Assessment**

Recorded Date 03/17/2012

Recorded Time 04:20

Recorded By Dubose, Myrna

Procedure	Units	Reference Range
Pain Symptoms Self Report	Yes, able to self report	
Primary Pain Location	Eye	
Numeric Pain Scale	6	
Primary Pain Time Pattern	Acute	
Primary Pain Quality	Sharp	
Primary Pain Radiation	No	

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center**Patient:** PRINCE JR, MICHAEL**MRN:** M18-84-54**FIN:** 000145678**DOB/Age/Sex:** 05/12/1990 22 years Male**Location:** D1SE**Admitting:** Bearry MD,John Houston**Admit:** 03/17/2012**Discharge:** 03/17/2012**Integumentary****Integumentary Assessment****Recorded Date** 03/17/2012**Recorded Time** 04:20**Recorded By** Dubose,Myrna**Procedure** Units Reference Range**Skin Temperature** Warm**Skin Description** Dry**Neurological****Neurological Assessment****Recorded Date** 03/17/2012**Recorded Time** 04:20**Recorded By** Dubose,Myrna**Procedure** Units Reference Range**Level of Consciousness** Not sedated**Psychosocial****Suicide Risk Assessment****Recorded Date** 03/17/2012**Recorded Time** 04:39**Recorded By** Miles, April**Procedure** Units Reference Range**Suicidal Ideation** None**Psychological Functions****Recorded Date** 03/17/2012**Recorded Time** 04:20**Recorded By** Dubose,Myrna**Procedure** Units Reference Range**Orientation Assessment** Oriented x 4**LEGEND:** a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab**Report Request ID:** 5227027**Page** 28 of 28**Print Date/Time:** 04/16/2013 08:21



1400 East Union St.
PO Box 5247
Greenville, MS 38704-5247

Patient: PRINCE JR, MICHAEL
MRN: M18-84-54
FIN: 000261336
DOB/Age/Sex: 05/12/1990 22 years Male
Location: D1SE

Admitting:
Admit: 03/25/2013
Discharge: 03/26/2013

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Coding Summary
03/26/2013 00:05
Transcribed

CODING DATE: 03/29/2013 FINAL
Delta Regional Medical Center

ADMIT DX:
784.0 HEADACHE

REASON FOR VISIT DX:
784.0 HEADACHE

FINAL DX:
PRINCIPAL:
784.0 HEADACHE

SECONDARY:
V64.2 SURGICAL OR OTHER PROCEDURE NOT CARRIED OUT BECAUSE OF PATIENT'S
DECISION

PYMT			
PROC	APC	STAT DESCRIPTION	DOCTOR NAME DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By: James, Gladys
Date Saved: 3/29/2013 7:02 AM

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Discharge Summaries

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

ED Patient Summary

03/26/2013 00:05

Auth (Verified)

Jones RN,Martha (03/26/2013 00:05)

Jones RN,Martha (03/26/2013 00:05)

ED Patient Summary

**Delta Regional Medical Center
Patient Discharge Instructions**

Name: PRINCE JR, MICHAEL

Current Date: 03/26/13 00:05:27

DOB: 5/12/1990 12:00 AM

MRN: M18-84-54

FIN: 000261336

Patient Address: 590 HAMEL ST GREENVILLE MS 387032831

Patient Phone: (662) 820-9784

Primary Care Provider:

Name:

Phone:

Discharge Diagnosis:

Delta Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

PRINCE JR, MICHAEL has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 2 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Discharge Summaries

Prescriptions

New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

carbamazepine (Tegretol) . 4 times a day, Refills: 0

phenobarbital , Refills: 0

phenobarbital , Refills: 0

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

I, PRINCE JR, MICHAEL, have received the attached patient education materials/instructions and have verbalized understanding:

Patient Signature

Date

Provider Signature

Date

Patient education materials, if any, will display below

Prescription leaflets, if any, will display below

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 3 of 17

Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Discharge Summaries

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

ED Clinical Summary

03/26/2013 00:05

Auth (Verified)

Jones RN,Martha (03/26/2013 00:05)

Jones RN,Martha (03/26/2013 00:05)

ED Clinical Summary

Delta Regional Hospital Clinical ED Discharge Instructions

PERSON INFORMATION

Name: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN#:000261336

PHYSICIANS

Admitting Physician:

Attending Physician: ONeal MD, Ellis Hilton

PCP:

Discharge Diagnosis:

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Medication Leaflets:

Follow up:

MEDICATION LIST

carbamazepine (Tegretol) . 4 times a day, Refills: 0

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Discharge Summaries

phenobarbital . Refills: 0

phenobarbital , Refills: 0

DISCHARGE INFORMATION

Discharge Disposition:

Elopement

Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Triage Note

03/25/2013 23:24

Auth (Verified)

Jones RN,Martha (03/25/2013 23:24)

Jones RN,Martha (03/25/2013 23:24)

ED Triage Adult Entered On: 03/25/13 23:27 CDT
 Performed On: 03/25/13 23:24 CDT by Jones RN, Martha

Triage*Chief Complaint/**Mechanism of Injury :* pt states h/a for 2-3 days, not relieved with advil*Reason Unable to Obtain Current Visit Information :* None*Mode of Arrival :* Walking*Pain Symptoms :* Yes, able to self report*Vital Signs :* Yes*ED Condensed**Treatment & Assessment :* Yes

Jones RN, Martha - 03/25/13 23:24 CDT

Diagnoses(Active)

Headache

Date: 03/25/2013 ; *Diagnosis Type:* Reason For Visit ;*Confirmation:* Probable ; *Clinical Dx:* Headache ;*Classification:* Medical ; *Clinical Service:* Non-Specified ;*Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:*

06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

ESI*Is This**Patient Dying? :* No*Is This a Patient Who Shouldn't Wait? :* No*How Many Resources Will This Patient Need? :* Many*Recommended ESI Level :* 3

Jones RN, Martha - 03/25/13 23:24 CDT

DCP GENERIC CODE*Tracking Acuity :* 3*Tracking Group :* DLTA ED

Jones RN, Martha - 03/25/13 23:24 CDT

Allergies/Home Meds*ED Hx and Allergies :* Yes

Jones RN, Martha - 03/25/13 23:24 CDT

Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified ; *Created By:* Dubose*RN, Myrna; Reaction Status:* Active ; *Category:* Drug ;*Substance:* No Known Allergies ; *Type:* Allergy ; *Updated By:*Dubose RN, Myrna; *Reviewed Date:* 03/17/12 5:00 CDT

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Medication List

Medical History, Problems, Diagnoses

Diagnoses(Active)

Headache

Date: 03/25/2013 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Headache ;

Classification: Medical ; Clinical Service: Non-Specified ;

Code: PNED ; Probability: 0 ; Diagnosis Code:

06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

Primary Pain ED

Primary Pain Location : Head

Numeric Rating Scale : Yes

ED Patient No Pain : No

Numeric Rating : 8

Time Pattern : Intermittent

Onset : Sudden

Pain Duration : 2-3

Quality : Aching

Pain Radiates : No

Aggravating Factors : None

Associated Symptoms : None

Jones RN, Martha - 03/25/13 23:24 CDT

Vitals/Ht/Wt

Temperature Source : Oral

Temperature : 36.6DegC

Apical Heart

Rate : 84bpm

Respiratory Rate : 18br/min

Systolic/

Diastolic BP : 134mmHg

Systolic/

Diastolic BP : 71mmHg

SpO2 : 100%

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Height/Length Estimated : 167.64cm(Converted to: 5ft 6in, 5.50ft, 66.00in)

Weight Estimated : 81.820kg(Converted to: 180lb 6oz, 180.382lb)

Jones RN, Martha - 03/25/13 23:24 CDT

Assess/Tx

Level of Consciousness : Calm and cooperative

Orientation : Oriented x 4

Affect/Behavior : Appropriate, Calm, Cooperative

OB Skin Color : Pink

Skin Description : Dry

Skin Temperature : Warm

Pre-Arrival Treatments : None

Jones RN, Martha - 03/25/13 23:24 CDT

Procedure HistoryProcedure History

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

ED Note-Nursing

03/25/2013 23:28

Auth (Verified)

Jones RN, Martha (03/25/2013 23:28)

Jones RN, Martha (03/25/2013 23:28)

ED Assessment Adult Entered On: 03/25/13 23:28 CDT

Performed On: 03/25/13 23:28 CDT by Jones RN, Martha

ID ScreenTB Symptoms Grid

Bloody Sputum : No

Fatigue : No

Fever : No

Loss of Appetite : No

Night Sweats : No

Persistent Cough Greater Than 3 Weeks : No

Weight Loss : No

Jones RN, Martha - 03/25/13 23:28 CDT

Alcohol and Drug Use : No

Resident of Institutional Living Environment : No

Employee of Institutional Living Environment : No

Health Care Employee : No

History of Exposure to TB : No

History of Positive Chest X-Ray for TB : No

History of Positive TB Skin Test : No

Homeless : No

Known Immunosuppression : No

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center**Patient:** PRINCE JR, MICHAEL**MRN:** M18-84-54**FIN:** 000261336**DOB/Age/Sex:** 05/12/1990 22 years Male**Location:** D1SE**Admitting:****Admit:** 03/25/2013**Discharge:** 03/26/2013**Recent Immigrant :** No

Jones RN, Martha - 03/25/13 23:28 CDT

Syndrome Surveillance Symptoms Grid**Headache :** Yes**Illness With Generalized Rash :** No**Muscle Pain :** No**New or Worsening Cough :** No**Shortness of Breath :** No**Recent Exposure to Communicable Disease :** No

Jones RN, Martha - 03/25/13 23:28 CDT

Glasgow Coma**Eye Opening :** Spontaneously**Best Verbal Response :** Oriented**Best Motor Response :** Obeys simple commands**Glasgow Coma Score :** 15

Jones RN, Martha - 03/25/13 23:28 CDT

Past Medical History, Problems, Diagnoses**Diagnoses(Active)****Headache****Date:** 03/25/2013 , **Diagnosis Type:** Reason For Visit ;**Confirmation:** Probable ; **Clinical Dx:** Headache ;**Classification:** Medical ; **Clinical Service:** Non-Specified ,**Code:** PNED ; **Probability:** 0 ; **Diagnosis Code:**

06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

Procedure History**Procedure History****Social History****Patient Smoking History :** Current everyday smoker**Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival? :** Yes

Jones RN, Martha - 03/25/13 23.28 CDT

Social History**Alcohol:**

High Risk

(Last Updated: 03/17/12 04:40:38 by Miles RN, April)

Tobacco:

High Risk

(Last Updated: 03/17/12 04:40:45 by Miles RN, April)

Substance Abuse:

Denies Substance Abuse

(Last Updated: 03/17/12 04:41:14 by Miles RN, April)

ED Trauma Registry**LEGEND:** a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab**Report Request ID:** 5227071**Page** 9 of 17**Print Date/Time:** 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Trauma Activation : No

Jones RN, Martha - 03/25/13 23:28 CDT

General

Immunizations Current : Yes

Influenza Vaccine Status : Refused

Pneumococcal Vaccine Status : Refused

Infectious Diseases : None

Languages : English

Domestic Concerns : None

Suicidal Ideation : None

Jones RN, Martha - 03/25/13 23:28 CDT

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

ED Patient Education Note

03/26/2013 00:05

Auth (Verified)

Jones RN,Martha (03/26/2013 00:05)

Jones RN,Martha (03/26/2013 00:05)

ED Patient Education Note

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Progress Notes

Document Type:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

Progress Note - Nursing

03/26/2013 00:04

Auth (Verified)

Jones RN,Martha (03/26/2013 00:04)

Jones RN,Martha (03/26/2013 00:04)

left prior to being seen by md

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center**Patient: PRINCE JR, MICHAEL****MRN: M18-84-54****FIN: 000261336****DOB/Age/Sex: 05/12/1990 22 years Male****Location: D1SE****Admitting:****Admit: 03/25/2013****Discharge: 03/26/2013****Allergies**

Substance	Allergy Type	Reaction Status	Reaction Symptom	Reviewed Date/Time
No Known Allergies	Allergy	Active		03/17/2012 05:00

Social History**Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)****Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles, April)****Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)****LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab****Report Request ID: 5227071****Page 12 of 17****Print Date/Time: 04/16/2013 08:22**

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Admission

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 13 of 17

Print Date/Time: 04/16/2013 08:22

Patient Name: PRINCE JR, MICHAEL
Date of Birth: 05/12/1990

MRN: M18-84-54
FIN: 000261336

* Auth (Verified) *

Delta Regional Medical Center

1400 E Union St
GREENVILLE, MS 387045247

(662) 378-3783

Patient Information

Patient Name: PRINCE JR, MICHAEL
Home Address: 590 HAMEL ST
GREENVILLE, MS 38703283
Home Phone: (662) 820-9784
Employer Name: Not Employed
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 22 Years
Religion: Baptist
SSN: 426696731

Guarantor Information

Guarantor Name: PRINCE JR, MICHAEL
Patient's Reltn: SELF
Billing Address: 590 HAMEL ST
GREENVILLE, MS 387032831
Billing Phone: (662) 820-9784
Employer Name: Not Employed
Employer Phone:

Sex: Male
DOB: 05/12/1990
Age: 22 Years
Religion: Baptist
SSN: 426696731

Contact Information

Emergency Contact

Contact Name: PRINCE, DORA
Patient's Reltn: Other Relationship
Sex:
Home Phone: (662) 820-9784

Next of Kin

Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: PRINCE JR, MICHAEL
Patient's Reltn: SELF
Sex: Male
DOB: 05/12/1990
Age: 22 Years
Employer Name: Not Employed
Employer Phone:
Financial Class: Self Pay

Insurance Name: Self Pay
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age: 0 Days
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 03/25/2013 23:16
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm:
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Headache

Patient Type: Emergency
Medical Service: Emergency Room
Location: DISE
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-HealthCare Poi
Advance Directive: No, info not provi
Reg Clerk: Slack, Shirley
Admit Physician:
Attend Physician: ONeal MD, Ellis Hil
PCP:

PRINCE JR, MICHAEL

MRN: M18-84-54



Male / 22 Years

FIN: 000261336



Printed By: Slack, Shirley on 03/25/2013 23:35 to printer dpemrg01
Registration last updated by: Slack, Shirley on 03/25/2013 23:35

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Measurements

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Height/Length Estimated 167.64 cm

Weight Estimated 81.820 kg

Vital Signs

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Temperature Oral 36.6 DegC [35.8-37.3]

Apical Heart Rate 84 bpm [60-100]

Respiratory Rate 18 br/min [14-20]

Systolic Blood Pressure 134 mmHg [90-140]

Diastolic Blood Pressure 71 mmHg [60-90]

Pain**Pain Assessment**

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Pain Symptoms Self Report Yes, able to self report

Primary Pain Location Head

Numeric Pain Scale 8

Primary Pain Time Pattern Intermittent

Primary Pain Onset Sudden

Primary Pain Duration 2-3

Primary Pain Quality Aching

Primary Pain Radiation No

Primary Pain Aggravating Factors None

Pain Associated Symptoms None

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Respiratory**Oxygen Therapy & Oxygenation Information**

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

SpO2 100 %

Integumentary**Integumentary Assessment**

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Skin Temperature Warm

Skin Description Dry

Neurological**Neurological Assessment**

Recorded Date 03/25/2013

Recorded Time 23:24

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Level of Consciousness Calm and cooperative

Coma Assessment

Recorded Date 03/25/2013

Recorded Time 23:28

Recorded By Jones RN,Martha

Procedure

Units Reference Range

Eye Opening Response Glasgow

Spontaneously

Best Motor Response Glasgow

Obeys simple commands

Best Verbal Response Glasgow

Oriented

Glasgow Coma Score

15

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

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Print Date/Time: 04/16/2013 08:22

Delta Regional Medical Center**Patient: PRINCE JR, MICHAEL****MRN: M18-84-54****FIN: 000261336****DOB/Age/Sex: 05/12/1990 22 years Male****Location: D1SE****Admitting:****Admit: 03/25/2013****Discharge: 03/26/2013*****Psychosocial******Suicide Risk Assessment*****Recorded Date 03/25/2013****Recorded Time 23:28****Recorded By Jones RN,Martha****Procedure Units Reference Range****Suicidal Ideation None*****Psychological Functions*****Recorded Date 03/25/2013****Recorded Time 23:24****Recorded By Jones RN,Martha****Procedure Units Reference Range****Affect/Behavior Appropriate, Calm, Cooperative****Orientation Assessment Oriented x 4****LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab**

DATE	04/16/2013	DELTA REGIONAL MEDICAL CR	PATIENT OF CONTROL NUMBER
TIME	08:50:37 AM	1400 E UNION ST	1060291

PATIENT NAME PRINCE JR, MICHEAL	
------------------------------------	--

MEDICAL RECORD NUMBER
188454

BEGINNING DATE OF SERVICE	ENDING DATE OF SERVICE
031712	031712

ENDING DATE OF SERVICE
031712

ASSIGNMENT BENEFITS
ASSIGNED TO DELTA
REGIONAL MEDICAL CENTER

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0320	XR HAND COMPLETE LEFT	73130LT	031712	1	126.00	
0350	CT MAXILLOFACIAL W/O CON	70486	031712	1	745.00	
0450	99284 - LEVEL 4	99284	031712	1	795.00	
0001	PAGE 1 OF 1			3	1666.00	
0001	TOTAL			3	1666.00	

MEDICAL RECORD AUTHORIZATION

Patient Name: Michael Prince, Jr.
Date of Birth: 5/12/90
Social Security Number: XXX-XX-6731

1. I authorize (name of health care provider) University of MS Medical Center to disclose my health information specific to the following date or time period: through the present date.
2. Individual or entity authorized to receive my health information:

Derek L. Hall
DEREK L. HALL, PLLC
1764 Lelia Drive
Jackson, Mississippi 39216
Tel. (601)981-4450
Fax. (601)981-4717

3. Purpose for which disclosure is to be made: Litigation

4. Information to be disclosed: **(check all that apply)***

☒ Please send the entire medical record (all information) to the above named recipient.

- | | | |
|---|---|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> History & Physical Exam | <input type="checkbox"/> Operative Report |
| <input type="checkbox"/> Emergency Room Report | <input type="checkbox"/> Laboratory Report | <input type="checkbox"/> Radiology Report |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Consultation(s) | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Transcribed Hospital Reports | <input type="checkbox"/> Clinician Office Chart Notes | <input type="checkbox"/> Billing Statements |

☐ Other: _____

*I understand that this will include health information relating to (check **only** if applicable):

- | | |
|---|--|
| <input type="checkbox"/> HIV (human Immunodeficiency Virus) Infection | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Treatment for alcohol and/or drug abuse | <input type="checkbox"/> Genetic Testing |

5. I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.
6. I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.
7. I understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.
8. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.

Michael Prince Jr.
Signature of Patient or Patient's Legal Representative Date

Michael Prince Jr.
Print Name of Patient or Legal Representative

Legal Representative's Relationship to Patient